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LEADING ORIGINAL ARTICLES.

THE TREATMENT OF URETHRAL STRICTURE.

By C. C. Miller, M. D., 410 Second St., Memphis, Tenn.

This condition offers one of the greatest problems to the modern surgeon and it is a question whether we can do greater harm by adhering to the one dictum dilatation or by going to the other extreme and dividing every organized obstruction in the urethra. In so far as the process involves any portion of a tract seven inches in length varying in caliber and of a complex anatomical arrangement with a double function, an inflexible routine of treatment cannot but be illogical and the results pernicious and unsatisfactory.

To best impress the various indications for the different methods of treatment in this article I will outline the course followed in a few selected cases of my own which illustrate the various commoner phases met with.

If we were limited to a single course of treatment probably dilatation would offer far more beneficial results than any other unvarying course but the first case demonstrates a condition resistant to this method. It is that of a negro of 24 who seven years before contracted a gonorrhoea which persisted in varying stages of severity to the present day. No attention was paid to the discharge until difficulty in micturation incited him to seek professional advice.

Now, in the examination of these cases there are a few inflexible rules which I follow and although minor details I would urge my readers to remember and apply them. The first is that every case demanding urethral instrumentation micturate in my presence even though he declare that he but a moment before entering the office emptied his bladder, I insist that the attempt be made. Aside from preventing the severe burning which occurs in a urethra not inured to instrumentation if urination occurs soon after, it will offer you suggestions as to the condition present in other than urethral strictures and after every consultation a specimen of urine remains which oftentimes is a splendid index as to the progress of the case. In the case of which we are speaking the stream showed distinctive symptoms of urethral trouble being slow to start, diminished in size and lacking force. The man was now placed upon the table and an external examination of

the urethra made by passing the finger along its course. This examination is of minor importance though in a few exceptional cases it will come in in good stead. Men refusing to allow the passage of a bougie may have their condition diagnosed by the feeling of an indurated mass in the urethral strictures by the fingers and when the condition is pointed out you may more readily secure consent to the passage of instuments. In this case nothing was revealed.

The next step calls for the passage of various instruments to determine definitely if a stricture be present and its size, character and location. Nearly all writers recommend the passage of a full sized steel sound as the preliminary of this examination which has the advantage if no stricture is present, of determining this point without further instrumentati n, but nevertheless I find patients who have never had such an experience before to be greatly alarmed by such a formidable looking instrument as a full sized steel sound and consequently my first instrument passed is usually a 16 or 18 F web bougie which if no obstruction is found, efficiently paves the way for the former instrument. In this case the bougie met with an obstruction in the membranous urethra and smaller sizes were tried until a number 12 passed. After this had rested within the stricture for some time it was withdrawn and a number 14 after considerable manipulation carried through and allowed to remain a short time. It was withdrawn and the patient dismissed for the day, being ordered to return on the fourth day. Upon his return it was found that the same difficulty was experienced in passing the number 14 as before, the stricture being irritable and even gentle manipulations painful. The patient was ordered back again on the fourth day and the process repeated. This dilatation was accomplished very slowly When about 17 F was reached the patient failed to return for about sixteen days and when he did marked contraction had occurred. Beginning anew the stricture seemed even more intolerant than before and with the hope of altering somewhat this condition, injections against the face of the stricture were tried of argent nitrate in a one-half per cent. solution. This in no wise altered the condition and when recontraction again occurred after a brief dereliction of the pattent he insisted that we alternate the treatment for something more satisfactory.

In answer to this appeal urethrotomy was proposed giving preference to the external operation in this location, but illustrating the inconsistancies of life the patient rejected both and discontinued treatment. After reading the above some of my readers will say, "Why did you not alter your treatment sooner seeing that no benefit of a permanent nature was being accomplished," to which I would answer that any time these cases may alter in character and yield kindly to dilatation and though this is not the rule there is no occasion for alarm or haste as the patient is under observation throughout and as the final procedure, division offers not the same large per cent. of cures with the minimum danger as in the pendulous urethra it is not to be hastily advised.

The next case is a beautiful illustration of how very satisfactory dilatation may be if properly applied and also how unsatisfactory it may be in suitable cases if undue haste is attempted. In saying this I cast no reflections upon the ability of those formerly treating this case but simply say they made the mistake of not catering to the desires of their patient contrary to their reputations and financial welfare. This case is that of a young man of 23 who at 16 contracted a gonorrhoea

which persisted for seven months in spite of treatment and three years later a stricture was found. This was treated by a very able physician by dilatation with steel sounds to the discomfort of the patient for at each visit of the patient three times weekly the physician would pass the largest size passed upon the former visit and one or two sizes larger. This was contrary to the feelings of the patient but no attention was paid to his remonstrances. When the full size was reached the boy was instructed to return each month for the passage of the instrument but with his memory still bright with the discomforts he had undergone he failed to do so and in about a year the stricture again contracted sufficiently to demand relief so he consulted a physician who used only web bougies in this work and who also foolishly depreciated the work of those who used the metal instruments. He dilated the stricture successfully but nevertheless in such a way that the patient was no more favorably impressed with his method than the former and the stricture again contracting in a little over a year he consulted me.

When he first consulted me in detailing his case he was very anxious to know if it was possible to relieve him without pain, declaring emphatically that he would undergo gladly triple the expense to be relieved of the pain which had accompanied the former dilatations. This I assured him could be readily accomplished as he desired and I proceeded to examine him finding as in the former case a stricture of the deep urethra. After assuring myself of the diagnosis I made no further efforts for that sitting, simply passing a sound which would enter the stricture without discomfort. This patient now reported every fourth day and with the exercise of care he suffered no discomfort. When after a time his doubts being dispelled by seeing the certain progress we were making he was to say the least pleased and I have had no patient who was louder in his praise or who sent me more and better patients than did he. When full dilatation was reached, as was my custom, I gave him a full sized sound instructing him in its care and passage. He at first refused to accept it declaring he would rather return to me each month for its passage giving me a fee for doing it as a reward for my good service as he said, but I explained to him the necessity of his having this instrument and using it, as I do to all. No man can tell, no matter what his present circumstances are when he may be so situated that every penny may be of vital importance in the struggle for existence and when brought to face these conditions men will invariably neglect an affection symptomless and without immediate danger. If fate decrees continued misfortune, a closure of the stricture at an inopportune time or when a properly skilled man for the treatment of this condition is not at hand or where the man falls into the hands of an incompetent, serious harm even an untimely end may result. Consequently I believe it as much my duty to instruct these men to use a sound as it is to learn a boy to swim and if the danger be statistically considered, the favorite method of the present day, you would find that the danger of the former is ten or a hundred fold greater than the latter. The importance of these words I urge upon my readers insisting that they give this serious consideration allowing no vision of a paltry fee to enter their minds in contemplating the matter. The medical profession is under paid, the layman amply able to care for his pocket-books without the aid of an already too generous physician but nevertheless this is no place to allow the desire to gain a fee to influence us entailing as it does serious danger to the man's health or

life, yet the custom is prevalant of saying, "Oh, you can drop in every month or two and have a sound passed," and it is pernicious and deserves only unqualified condemnation.

(To be Continued.)

HINTS IN A NUTSHELL.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

Delirum may be due to digitalis

Tr. of iodine locally will abort a sore throat.

In chlorosis give clysters twice daily of defibrinated blood.

To remove cerumen apply ether to the meatus with a pipet.

For general pruritus, carbolic acid m., 1-iij after meals internally.

For nocturnal pollutions give ergot, one half drachm, and bromides.

A good topical application in ivy poisoning is chloral hydrate.

For pulmonary oedema give strychnine and atropine hypodermically.

For angina pectoris give 1-2 to 2-3 gtt. of tr. of lobelia every 2 hours.

It is said that a three months foetus has as many brain cells as it will ever have.

Grindelia squarrosa is said to be specific in splenitis, tinnitus aurium and coryza.

The M. D. who "bears" the fee market belongs to the genus "Cheap John."

For goitre give iodoform and iron internally and paint with iodoform in collodion.

In order to know what drugs can do, it is better to handle and taste them yourself

Not a single physician has a place in the Hall of Fame of the New York University.

For ring worm, wash and apply pyrogallic acid fifteen grains in collodion one ounce.

If milk supply is poor the baby nurses constantly, is restless, colicy and constipated.

A medical man who knows nothing of dosimetry is in danger of sliding behind the times.

When abdominal muscles on right side are tense and there is pain, look for signs of appendicitis.

Excercise will not multiply brain cells any more than much walking will increase the number of legs.

Grindelia robusta fl. ext. is pretty good external treatment for rhus poisoning, witch hazel will help.

Heroin 1-6 gr. will stop a cough however irritating, for several hours and little or no nausea results.

Bad water supply and poor cooking and housekeeping are responsible for more that half the alcoholism of humanity.

Rice is rich in nourishment and the Chinaman proves it. Rice "cooked Spanish" is my favorite dish (I am not a Chinaman).

I regard it as a symptom of professional weak mindedness for a doctor to tell his patients the composition of medicines used.

For mania clean out the liver with podophyllin and give granules of veratrine frequently until the pulse becomes moderate.

He who writes his prescriptions is more apt to use "shot gun" compounds than the physician who furnishes his own medicine.

Cocaine hypodermically into the testicle will atrophy that organ (the power of copulation remaining) and give relief in prostatic disease.

Gasoline is a good antiseptic wash; also removes a blood stuck bandage

nicely. You may give it in drachm doses 3 to 6 times per day in asthma.

The curb stone doctor gives you to understand that he learned it all at college and that studiousness is a symptom of educational incompleteness.

When you advise less meat-eating, look out that your patient is not a diabetic. When you monkey with a man's dietary, know what you are about.

The public benefactor who donates millions to improve the water supply of cities, will do more good than by donating the same amount for colleges, hospitals and free libraries.

The curb stone doctor is a town fixture, like the town pump. He nods nicely, shakes hands, stands treat, knows it all, and at rare moments glances patronizingly at a medical journal.

For rhus poisoning apply externally saturated solution of lead acetate and ammonium chloride; internally calcium sulphide 1-2 gr. hourly and a laxative with pilocarpine q. s. and hot lemonade at bed time.

My ideal medical journal would contain articles of less than 200 words; when such a journal reviews the world's literature of medical science monthly I will discontinue my subscription of a dozen or more.

Dr. Scruggs, in the December Brief, tells us how he called a "leading physician" into consultation; how said consultant (Dr. Blowhard) made a few flourishes for the benefit of the awe-struck by-standers, the operation being one for strangulated hernia, and at the third pass made a hole in the gut which flew back and flushed the abdominal cavity with liquid feces. Occasionally we all meet with these men of flourishes, these "leading physicians."

HEREDITY.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Many writers upon mental qualities would have us believe that the average criminal is not responsible for his acts and that he has inherited a predisposition to indulge in criminality, and that while indulging his propensities he is merely obeying impulses over which he has no control. While there is something worthy of consideration in the argument, the danger is in going too far for the defense of evil-doers. A man may inherit a predisposition to gout, but by a rigid course of living may avoid the disease. So it is in regard to the tendency to commit crime. If an inherited impulse to do wrong be felt, the feeling should be all the more resisted. Criminals certainly know when they are doing wrong. A noted writer in his writings on mental disease has taken a very rational view of the subject he has so ably treated; but many have gone too far in attempting to apologize for criminality. It is a mistake to think that a suicide cannot abstain from taking his own life. In a majority of instances there is ability to turn from the deed, but not the inclination. I know of a suicide who wrote, just before committing the act, "I do this deliberately, fearing that an approaching state of senility, I shall not have the resolution to do what I think is best for me and my friends." Another wrote: "I have no purpose but to execute a long settled plan, that I have a right to take my own life when threatening infirmities remind me that I may not have the courage in later life to do what I may know to be best."

In neither case was there an inherited predisposition to suicide, and in both cases there was premeditation and maniacal influence being present.

Probably an inclination to end a troubled existence occasionally enters the minds of many, but "a sober, second thought" banishes the unwelcome impulse.

The strongest point made by apologists for crimes and misdemeanors on hereditary ground, is that drunkards inherit a predisposition to drink or tipple. The argument made, is that the love of fuddle is transmitted from parent to child and the predisposition cannot be resisted. Now, a more rational view is, that the drunkard returns to his cups through a habit which has become a disease—an abnormal state. The lover of stimulants can abstain from indulgence while he is well, and can control his appetite; but the toper is a diseased man and feeble in intellect; he is not wholly responsible for his acts while the brain is crazed with drink. But there was a time when the sot realized that he could govern his appetite for drink, even if he inherited a love for alcoholic stimulants; he is, therefore, responsible for his acts, and to think otherwise would be to grant license to crime. If a man knows that alcohol crazes his brain, he certainly knows that he should not risk taking the intoxicating stuff.

The disease of inebrity is not inherited, but acquired. The morbid condition is felt in the brain, in the fauces and in the stomach, and grows worse by indulgence in alcoholic beverages. The bad sensations are relieved temporarily, but to return again with aggravation. Bright ideas awakened by the accustomed stimulant pass away like a disappointed mirage.

As a general thing, drunkards do not spring from drunken parents. Quite often they come from most exemplary parents. The children of a besotted father or mother are often ashamed of the family disgrace, and in the intensity of their grief resolve to steer clear of the great evil. The vice of inebriety is like other crimes; it must be hated to be avoided, and to be detested, it must be contemplated and understood. In the beginning of a drinking career, the craving for tipple is never so strong that it cannot be resisted; but indulgence leads to irresolution, and therefore it is a sin and a crime to continue. The law punishes the criminal for the crime under investigation; but the moral lapse reaches back to a time when the incentive to criminality could have been held in restraint. Parents are at fault many times for not instructing their children to avoid the road that leads to ruin; and the best way of all, is to not only teach them by precept, but also by example.

The opium habit is not often inherited, except among the Chinese; yet it may be readily acquired. A few doses of morphia, administered to allay pain or to overcome insomnia, may easily beget a liking for the drug's intoxicating and exhilerating influence. The average man is not harmed by this mode of medication, but the habitual partaker is, as experience has proven in many cases. As I stated in regard to alcoholism, the taste of the intoxicant is not really agreeable, but a depressed mental state calls for a stimulant, so it is with opium; the nauseous drug is not beloved; is generally disgusting; yet the stupefying effect is enticing, too much so to be resisted by a person whose moral strength has been undermined by a long time of indulgence.

The following is a useful formula for a lotion for the face

℞

Bay rum
Spts. lavender
Oil of almonds a. a. ʒv

M. et Sig. For external use only.

PRACTICAL OBSTACLES TO SUCCESS IN THE PRACTICE OF MEDICINE.

By M. C. Martin, M. D., Hildreth, Nebraska

The physician sees human nature in all its phases and learns some lessons by hard experience.

Theoretically patients ought to do as directed, practically they follow their own sweet wills, unless they are in sudden danger of death. How many patients have been hurled into eternity by disobedience to the doctor's orders, no man can tell. It is rarely in practice that a physician can be sure that his orders have been obeyed. When a physician has a trained nurse that is faithful, he has an ally that to be appreciated once must be experienced. The so-called nurses who swear allegience to your face, sleep most of the time on duty, drink up all of the stimulants that are left for the patient, and are a mixture of promises and excuses, are what make the physician's life thorny, the lives short that are entrusted to their care, and of course the doctor gets the cursing.

Sometimes by scaring a patient well I have succeeded in getting orders carried out; but I have come to the conclusion that it is best to decline to treat all disobedient patients. The old Adamic nature generally rules, the appetite is stronger than reason; the body is master instead of servant. The patient thinks he knows more than the doctor, and this little bit won't hurt him, and so the careful work of the physician comes to naught and the patient loses confidence in the physician, and the nostrum comes in. Nature effects a cure, and it's a great medicine that is triumphant in the newspaper. Every practical physician knows that good, common sense in treatment can't be dispensed with and any success achieved.

We need some educated sanitary cooks in this dyspeptic age, and the people need training on that line. In the hospital or sanitarium is about the only place where we can be sure that our patient is getting treated according to the best therapeutics, a scientific dietary and the most approved hygiene of this latest and best age of the world.

Good medicine is wasted by bad and untimely giving.

The most scientific and careful physician's efforts are rendered abortive by careless execution. Take a chronic case with a record of declining health, and all efforts failing to restore health. Such a case placed in a sanitarium under the supervision of a competent physician, with a trained nurse, to see that all baths are taken, are of proper temperature, taken at the right time, as often and no oftener than indicated, that the patient has plenty of fresh air, that the prescribed diet is taken at proper times and amounts, that the oil of cheerfulness be taken to assuage the carès of life, that massage be utilized when necessary, and electricity be resorted to for its constitutional tonic action, its local anodyne or antiphlogistic action, and see hope take the place of despair, and see what Nature can do when not thwarted by mistaken kindness and misguided efforts. Physiological rest can be obtained better at a sanitarium than at home, a gymnasium to train the muscles, games to divert the mind, and a change of scene all conspire to beget in the despairing invalid the desire to live longer and do better, and the lessons in hygiene should never be forgotten by the patient while life lasts. The great cry by the invalids of America is what shall I take to cure me of this disease? when the fact is they have taken too much medicine and too little care of themselves. They need, most of them, to take more fresh air, more exercise, more baths, more regulated diet, more

time to eat, more care of their teeth, more time to sleep.

Think of the nicotine poisoned, the inebriates, the slaves to coffee and tea, the late hours, the drug habitues, the slaves of fashion, the children who are crowded in school beyond their strength, the overworked mothers and then say whither are we drifting? We want more hygiene and less politics, more common sense in dress and less blind following of fashion. We want more food to nourish the body and less palate ticklers. What we sow we shall surely reap. If we sow to please the flesh, we shall reap a whirlwind of headaches, stomach-aches, dyspepsia, shattered nerves and often insanity and ruin.

Send the poor dragged out farmer's wife to the sanitarium where she can have time to look in the glass, comb her hair, where she can get rested, where she can have a trained nurse that knows whether the enema went into the colon or into the bed.

The peoples' ideas are rather constipated on medical subjects as well as their bowels.

The mad rush for the almighty dollar leaves them no time nor disposition to care for the body which is the temple of the living God. Whosoever defiles the temple, him shall God destroy.

The people need more hygiene and less medicine, more sunshine, more baths, more recreation, more graham and less pills, more water and less coffee and tea; more warm, comfortable clothing and less style, and they will not lay so many deaths to a mysterious providence.

Cuprol is a combination of copper with nucleinic acid which is being used as a substitute for copper sulphate in ophthalmic practice. The powder is dusted on the everted lids in trachoma. It penetrates the tissues deeply and is not as irritating as copper sulphate.

MY FIRST AND MY LAST CASE OF BREECH PRESENTATION.

By R. F. Vaughan, M. D., Sailor Springs, Ill.

For all that I am scientifically as a physician and surgeon, I am under obligations to the members of the medical profession. I thiuk that few are inclined to return much by their own effort in the way of contributing to the general fund of knowledge. My want of confidence in my ability has held me back for almost thirty years. I know I have learned much at the bedside, and all of such knowledge that is of any value belongs to my young brethern who are on the first end of the road of practical experience. This will include my mistakes and failures as well as my lucky hits and successes.

When I studied obstetrics I did my best to learn it all; for I knew that I would not have time or opportunity to return to my office library and read up if I should unfortunately find something that I did not understand. I learned from Prof. Meag's Treatise on Obstetrics that a well contracted uterus could not bleed. Therefore I never have delivered a woman without giving her an overflowing teaspoonful of a good fluid extract of ergot the next minute after I have delivered the child and placed it on its right side to let it cry until the pulsations cease in the umbilical cord before using ligature and scissors. Please allow me to praise that dose of ergot which I would not give if the child was in the womb under any consideration. But to give it as I do, it will invariably drive the placenta out of the womb into the vagina; no attacht placenta: no hour glass contraction. If it does occur it breaks it up and the uterus that was felt as a long roll of sausage reaching from the pubic arch to the sternum, soon assumes a round form and you

find the secundines in the vagina, as usual at the proper time. Even the multipara has scarcely any after pains, i. e. always very light and never a concealed hemorrhage. I expect to be criticised on my dependence too much in ergot. "But the half has not been told."

Now for my two cases of breech presentation which came almost a quarter of a century apart. Many of the old practitioners remember reading of Prof. DePaul of France being paid sixty thousand dollars and free passage across the ocean both ways to come to Mexico to deliver the daughter of the chief executive (president or emperor) of Mexico of a living child, that the jealousy of the native physicians had bribed the women to stay away; and there was not one to assist, and still worse the doctor found a breech presentation. The writer gave the professor great praise for depending on the instructions of his masters and with commendable nerve and cool self-possession, succeeded in delivering the lady of a living child all by himself. About one week after I had read of this I was called at about three o'clock in the morning on the 25th of April 1878 to attend the unfortunate daughter of an indigent widow in her first confinement. On that eventful morning I had only had a short sleep, and arose from my bed sick, weak and nervous. My patient was only about half a mile away. Therefore I went on foot. On making my examination by touching as I had been taught, I found a breech presentation. I knew I was elected for some trouble. I told the mother to go to two of the neighbors who lived near by and ask each of the housewives to come to our assistance; under a full moon, and over a smooth road I knew no accident would happen to the old lady. I instructed her, that in the event she failed to enlist either or both women, to get a hank of yarn, or if not that, a calf rope or anything else, to throw over the bed post for the girl to pull against. O how slow that old lady did move. After she had refilled and lighted her pipe it took her over an hour to return, and without even the calf-rope. However the child had been born in her absence and she was home in time to wash and dress it. You will pity me when I tell you truthfully that with every pain, that obstinate young woman would clutch both of her hands into my hair and pull and scream at the same time. I would place her hands on her knees, telling her again how to pull on them also telling her it would never do for her to pull my hair, that I was liable to break the neck of her unborn infant. But the next climax of pain, here would come her hands again, and if there was any change it was to take a hold a little lower down toward the back of the neck or below the occipital region. I bore all this torture bravely; managed to bring the face in the hollow of the sacrum, and following the curve with the body of the child. Thanks to the Giver of all good gifts, I bore all this torture like a brave man, as every physician must be, and knowing that I would not realize pay enough to defray the postage on mailing the report of the birth to the county clerk.

I have always been sustained spiritually by the promise, "In as much as ye have done it to one of the least of mine, ye have done it unto me!" A cup of cold water will not lose its reward. During the long, weary years of hard work and poor pay I have met everything, puerperal eclampsia and placenta previa. I am sure I have warded off many attacks of convulsions by the timely use of bromidia (Battle's) or my own make of brom. pot. et chloral hyd. a a grs. x to water ℥j. I score one case of spontaneous evolution.

My last case of breech presentation was only a few years ago. In this I want

to show my young friends how liable we are all to be honestly mistaken. A midwife had been called soon after the noon hour as I had learned. About 8 o'clock P. M. the young man came for me. (This was their first.) I made my examination rather hastily, and as usual found a vertex, but was not certain which position as I had not yet been able to trace a suture to a fontanelle. The patient was quite irritable and pulse ran very high. A very able and experienced physician lived within less than a hundred yards of the place (next house). I requested the young husband whom I was sending to town to stop and tell the doctor that I would like him to come into the case with me.

The young husband stopped at the doctor's on his way to the business part of the village and delivered my verbal message. When the doctor came I told him we had a vertex presentation, and to make an examination and ascertain if possible, the position of the vertex. After a lengthy and careful examination, he told me privately that I was mistaken in a vertex; that I had a breech presentation!

I was incredulous until I examined again. I then understood why, and how I made the mistake. The other two breech cases that I had delivered were in the same week, one on the 25th and the other about the 28th of April 1878. Both of these cases presented the ischiatic process of both hips, while this case was so tilted that I could only touch the sacrum at its juncture with the os innominatum on each side in so limited a space I felt only a hard object or obstruction; which after touching nothing but craniums for over twenty years, and some of them very hard it was an easy matter for me to make the mistake.

This mistake could not hurt the patient but it hurt me, for while writing this paper a friend of mine, (a layman) who lives almost out of my circle of practice, when I spoke of reporting my mistake he asked me where it occurred and when, I told him, he said "yes I remember of hearing about you making that mistake soon after it happened." All such little stabs in the back we must meekly bear together with all such unkindness.

VOMITING OF PREGNANCY.

THE TREATMENT OF A SEVERE CASE.

By R. B. Hopkins, M. D., Milton, Del.

Mrs. W. aged 40, multipara, when pregnant has always been troubled with protracted sick stomach. During the last pregnancy which was the fourth, the sick stomach proved almost intractable. This grew gradually worse as pregnancy advanced and during the sixth and seventh months her life was in danger. Remedy after remedy failed. Premature labor might have been brought on, yet owing to her extremely weak condition was not thought advisable. Scarcely anything could be retained, water would be vomited soon as reaching the stomach. She was almost bloodless, heart's action very feeble. I found her one morning in a very prostrated condition, hands and feet cold, countenance pinched, scarcely any pulse at wrist, thirst extreme yet could not retain anything swallowed. The woman was starving for fluids; the system was drained and she had lost a great deal of flesh. I gave her the following remedies. A hypodermic of morphine sulphate one-fourth grain, atropine sulphate one one hundredth and fiftieth with one sixtieth of strychnine sulphate. After this had brought up pulse (and reaction had set in assisted by artificial heat) I gave her a rectal injection of one pint of warm normal salt solution. This she retained. In the evening I gave her another hypo-

demic also repeated the normal salt solution. The next morning I repeated the remedies increasing the salt solution to one quart. The effect of the hypodermic arrested the peristaltic action of bowels which enabled her better to retain the rectal injection. I continued these remedies four days morning and night and can truthfully say, I never saw such a transformation take place in a patient in such a prostrated condition. The pulse gradually came up, full and strong, the thirst subsided and the vomiting gradually grew less and in a few days she was enabled to retain liquid food and I am sure she gained in weight several pounds. She was delivered at full term. She is now looking better and weighs more than she ever did. I offer these remedies as worthy of trial in extreme cases.

DROPSY.

CASE REPORT.

By F. G. Thomason, M. D., Kissime, Florida.

On May 24th I was called to see Mrs. N—. Her father came for me and said she was almost dying for breath, that she had not been able to lie down in four days. On my arrival I was surprised to find that she had been confined a week before and was now suffering from ascites. I was also informed that Dr. —— of a near town had attended her in her confinement and had visited her twice since that time, the last time being three days before my first visit. I was also told that they had sent word to the doctor that his services were no longer needed and desired me to take charge of the case.

She was so badly swollen that she could not lie down and live, and had not slept any for three or four days. She was swollen from the top of her head to the soles of her feet and was suffering a severe pain in the lumbar region. Her pulse was 128, respiration 34 and labored, temperature 102, urine scanty, a hacking cough, and no appetite. Her skin looked like a thin piece of buff silk and anywhere I pressed my finger on her the indenture remained for some time. The locheal discharge had ceased and her milk was almost as clear as water. I carried a sample of her urine back to my office and found; specific gravity 1014, reaction slightly alkaline, trace of albumen. I gave her the following:

℞ Tr. digitalis, ʒiv.
Tr. apocynum (Lloyd's) ʒiv.
Aqua, q. s. ad ℥iv.

M. et sig. Teaspoonful every four hours.

℞ Hydg. chlor. mit.
Soda bicarb, aa gr. xx.
Disp. Tab. No. 20.
Sig. One at 4, 6 and 8 p. m.

Also ordered her to take one tablespoonful of magnesia sulph. in solution at 6, 8 and 10 a. m. She began to improve the next day and on the third day, I stopped the calomel and soda except every third day and gave:

℞ Ferri sulph. ʒj.
Aqua ℥xij

Ft. sol. Sig. Teaspoonful ½ hour before each meal.

She did well until about the tenth day when I found a large swollen place on the right side of her neck just above the shoulder; it looked very much like a boil. She said that it had been swelling there for two or three days but that it was just getting sore. I gave her:

℞ Echinacia (Lloyd) ʒss.
Aqua q.s.ad. ℥ij.

M. et sig. Place small cloth on swelling and keep it wet with medicine.

I have had no more trouble with the case. She is now taking only the first perscription and the iron preparation. She attends to all her household duties and says she is well. I kept her on a sour milk diet from the beginning.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

(Eleventh Paper.)

GASTRALGIA.

Having had several very intractable cases of gastralgia or gastric pain, is the only apology, I shall offer for this contribution. Gastric pain is generally a sympton of organic disease of the stomach. When it recurs in young persons it is usually caused by ulcers, when idiopathic it is of nervous origin, being either a neuralgia of the stomach or occurring from spasms of the muscular coat. Cohen and Eshmer say in Medical Diagnosis: "Gastric pain is usually symptomatic of inflammation. It may, however, occur independently of any structural disease, and is then considered a neurosis—neuralgia of the stomach."

Functional or neuralgic gastralgia is most generally seen in hysterical women or over-worked, over-burdened men. Disturbances of digestion may be present or absent, but usually there is a want of digestive tone, a feeling of fullness and flatulency after meals. Intense epigastric pain is usually experienced, lasting from one-half to one or two hours or longer, relieved by pressure, bearing no relation to meals unless organic disease is present. Eating may ward off a threatening attack. The stomach feels hard to the touch during the attack. Sympathetic disturbances are often present, as intermittent pulse, cough, vertigo, anxiety, cold extremeties, local sweats, etc.

Treatment consists in giving strychnine, morphine and hyoscyamine, one granule of each every half hour until relieved. Then follow this by quassin and strychnine, three granules of each in hot solution before meals with 5 or 6 drops of nitro-muriatic acid in water after meals. Use salines q.s. every morning. Diet should be rather dry and modified according to indications. Some authorities advise paregoric in teaspoonful doses for the relief of the gastric pain. Carbolic acid is of service, especially if there is gastric irritability, combined with minute doses of morphine. Fowler's solution given in small doses for a long time produces satisfactory results.

KEEP THE ASH PAN CLEAN.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

He lived 14 miles from office, age 30, pneumonia proved by prune juice expectoration, temperature 105 deg. Prescribed an alkaloidal triad in ounce of hot water ¼ to ½ hour; hyoscyamine (Abbott's) $\frac{1}{250}$ granule, one hourly until pupil dilatation or dryness of mouth said enough; calomel 10 grs. and soda 10 grs. in capsules first and second day; quinine in two doses, 14 grains per day. Malaria was a probable factor in this case, in fact the spleen was particularly painful. Now to give an air of bulkiness to treatment sodium phosphate in cup of hot water two hourly doses one to two drachms. The man was strong and wanted to get well in a hurry, so I injected a quart of soap and water per rectum. In two days temperature 101 deg.; then

calcium sulphide ½ grain half hourly was fired into him and the natrium phosphate given every 4 hours. In five days temperature was strictly normal, tongue clean and patient O. K.

Now each trip to this patient meant $15.00 and roads were good, consequently it is likely that the writer would have gained more gold and glory had he gone at things with gloves on. Now to see that the doctor in a case like this gets his just dues it seems necessary at bill paying time to lay the case down like this:

"Say, you feller, when I first saw you, you were burning up with pneumonia and your spleen was fermenting with malaria. If you had received old-time treatment that is, by the way, quite popular even to-day, you would have had a tough time for three weeks and been knocked out for two months longer. Mind now, your temperature was almost 105½ deg. In a week you were about all right. Your bill is $45.00, but on an old, foggy plan of treatment you would have had a doctor bill of $250.00 to pay and possibly a tombstone and undertaker's bill on top of that."

The writer forgot to mention that this man while feverish ate nothing but raw eggs and milk warm from the cow. Therefore, to the hen and cow in part belongs the glory of his rapid recovery. Remember, Mr. Erudite Reader, milk warm from the cow becomes blood in half an hour or thereabouts and fresh, raw eggs are aseptic. There is scant oxygen in the blood during pneumonia. Oxygen is a great microbe killer but when it is lacking be particular that food given contains no more microbes than necessary and makes as B a line as possible for the blood when reinforcements are wanted. Fresh milk and fresh, raw eggs are alive and the vis visa signified by that word alive is just what is wanted, as—What do you call it? An antitoxin? A phagosite?

Furthermore, refuse should be made minimum thus many a foot-pound of work saved that may buckle on and help out a laboring heart that must go night and day up hill and over slippery tracks. By the way, these overworked hearts have their language in which they try to tell us of their troubles. To lighten their burden is a complex problem. The blood begins to climb the mountain when it reaches the capillary circulation; the heart is the stationary engine that pushes it along, the muscular arterial coats help as they contract and hinder as they are smaller. The tissues crowded with capillaries are the furnaces beneath the engine, beneath them still is the ash pan. Therefore, in treating fevers,

Keep the ash pan clean that draught meets no obstruction.

ALKALOIDAL NOTES.

By M. A. Blanton, B. S. M. D., Baileyton, Tenn.

Codeine is the only opiate that should be given children.

Quassin is by all odds one of our best tonics combined with strychnine, it's the best.

It is not what is taken into the stomach but what is absorbed and assimilated that does the work.

When a urinary antiseptic is needed try lithium benzoate. It is eliminated through the kidneys, increases the flow of urine and sedates the urinary tract.

In post-partum hemorrhage dam up the blood in the tissues by giving a hypodermic of atropine $\frac{1}{150}$, strychnine $\frac{1}{60}$, glonoin $\frac{1}{250}$ Introduce your hand into the vagina, draw out the clot and follow by a hot water douche.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

USES OF NORMAL SALT SOLUTION.

The use of the normal salt solution was at first confined to combatting the effects of losses of blood, chiefly traumatic, as from injuries, prolonged surgical operations or during parturition. Later it was found useful after hemoptysis, hemorrhage from the stomach and even from typhoid ulcer. More recent physiological research and clinical investigation have greatly extended the sphere of usefulness of the normal salt solution. It may be given in three different way, by intravenous injection, hypodermoclysis and enteroclysis. The choice of method depends somewhat on the character of the diseased condition, and chiefly on the speed of the absorption which is desired. By laboratory experiment with such small quantities as not to raise the blood pressure (proven by the manometer) it was found that after intravenous injection the salt solution could be detected in the urine in 1½ to 2 minutes, after subcutaneous injection, hypodermoclysis, in 3½ to 4, after infusion into the bowels in 20 minutes. The temperature of the solution is an important feature. If from 110 to 120 degrees for enteroclysis, renal secretion is quite marked after only 10 minutes, for subcutaneous use, if an aspiring needle is employed, it should be 105 degrees, if a common hypodermic, even as high as 110, because a great deal of heat is lost in transit through the small needle. In enterocolitis of children, attended with profuse watery discharges very satisfactory results have been obtained by the normal salt solution, acting not merely as a bowel wash to remove noxious material, but by its absorption and consequent stimulating effect. Of greater importance still is its diuretic power, starting up efficient elimination of toxins through the kidneys. Edema following nephritis, whether acute, a sequela of any of the exanthemata, or chronic from cardiac or renal insufficiency, is materially reduced by it, likewise pulmonary edema and serous effusion into pleura, peritoneum or pericardium. Its action is rapid and specific, as proven by the fact, that urine is secreted in much greater quantity than that of the solution injected. Hence small amounts only are employed at the present day, one to three ounces in children, two to six in adults, repeating according to the demands of the case. They are followed by profuse diuresis, often five times the amount injected. Shakespeare, in his report to the United States Government on Asiatic cholera, sums up the effect of salt solution on the system, which seems to cover all: (1) it supplies fluid to the anhydremic blood; (2) makes good the loss of heat; (3) it dilutes the thickened tissue fluids; (4) it stimulates the kidneys to action; (5) it aids in the elimination of toxic matters circulating in the blood and exercising their baneful effect on the tissues, particularly on the nervous system.

SERUM TREATMENT OF TYPHOID FEVER.

Serum therapy, while in many instances a disappointment and failure, continues to offer scientists the most attractive field for investigation. New claims are being brought forward constantly. One of the latest comers is a serum for the cure of typhoid fever.

One for immunization against typhoid fever has been extensively tried, chiefly in Germany and the English army during the campaign in South Africa. Its real value is not yet determined. Now Dr. Andre Chanremesse of the Paris Academy of Medicine reports that after several years experimentation he has found a serum which he claims to act not only as a preventive but as an actual cure for the fever. His claim deserves consideration and will doubtlessly be thoroughly examined and his serum extensively tested. He is a man of standing in the medical profession and his investigations were pursued under the official auspices, the funds being provided by the municipal council. Typhoid fever must be much more serious in France than with us. Official statistics, collected by the ministry of the interior, place the mortality there at 38 per cent., while in our country it is only about 12½ per cent., is given by the surgeon general's report as 7.6 per cent. in the military encampments during the Spanish war, and as a little over 14 per cent. in the English army during the Boer war by English authorities. Dr. Chantemesse has reduced the enormous mortality rate, by the use of his serum, to an average of 6 per cent. In several series of cases, aggregating several hundred, where the serum was applied sufficiently early, that is before the eighth day, not a single death resulted. The initial dose is a hypodermatic injection of from 10 to 12 c.c. The effect is immediate, temperature is lowered, the pulse becomes less rapid and diarrhoea is stopped. Usually a repetition is needed, after about eight days another injection is given, but only half the amount, and if necessary another a few days later. Adjuvant treatment, such as cold baths after the Brand method and restricted diet, are recommended. So far our knowledge of the discovery has been derived from certain sensational newspapers, French and American, complete, scientific reports are being looked for.

LEPROSY IN ST. LOUIS.

Last summer there applied to one of the dispensaries of St. Louis a Chinaman for treatment who was found to be a sufferer from leprosy. The diagnosis was fully established by bacteriological examination. The man has lived in that city for ten years and has during that time followed the occupation of a laundryman. How he may have endangered the health of other persons is plain, when we remember that all the Chinese follow the custom of holding water in their mouths and ejecting it on the clothes for the purpose of sprinkling them. It was in the secretions from the nose that the lepra bacilli were found in great numbers. Just such a case and just such danger may arise anywhere.

INCREASE OF SMALL-POX.

There is an increase of small-pox again through the country, as was to be expected with the approach of cold weather. The disease appears in a slightly severer form, there being an increased mortality from it. Physicians and health officers should renew their activity. In Philadelphia they have commenced to disinfect street cars nightly as a means of protection, an excellent measure, worthy of being copied everywhere. Other diseases besides small-pox can easily be propagated through infection of these public conveyances.

INCOME OF FRENCH PHYSICIANS.

There are in Paris 2600 physicians, of whom a few have very respectable incomes, but the general average is not above 3600 francs, about $700 per annum. The whole country has 16000 doctors, whose average income is 2750 francs, about $550, certainly not a brilliant lot.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A LOOK BACKWARD.

BURNS.

In July number Recorder, page 200, there is a good article "Severe Burn," in which creolin was used, bichloride solution and iodoform, tincture iodine solution." The last few years it has fallen to my lot to treat several very severe burns cases in which the clothes caught fire inflicting extensive injuries on trunk and extremities. Lint soaked in warm carbolated carron oil applied with a think envelope of cotton wool is a good application at first. The nauseous smell of linseed oil combined with fetors of purulent discharges is offensive so in a few days the treatment is alternated thus. Powdered galls one drachm, vaseline, one ounce, mix. One drachm boric acid is frequently added. This is thickly spread on strips of lint, applied and enveloped in cotton wool and bandaged firmly; with this, improvement is rapid, smell diminishes, patient is comfortable. This ointment is cool and healing; the effect of the galls coagulates albumin, restrains luxuriant granulations and prevents contraction. Firm pressure over the cotton wool with the bandage will restrain fungus granulations.

We have been very successful in treating burns with white lead and linseed oil. Years ago a young man thought he would take a nap on a bale of hay; in a spirit of mischief his clothing was ignited and the entire back from neck to sacrum was terribly burnt. The white lead was applied to the entire burnt surface and renewed twice a day and in six weeks he was well. There was no suppuration, but had some trouble with diarrhea which is common in such cases

Last year a woman's clothing caught fire while burning brush; the resulting burn was extensive from the neck down spine to sacrum, on the right side forward to middle of ribs, entire right side of back and large space burnt on side and back of thigh. The entire vast beef-red surface was dressed with acetanilide pulv. 8 gr., vaseline 1 gr., mixed, spread on lint, then a bandage; alternated with hydronaphthal 8 gr., vaseline 1ʒ, every third day used hydronapthol in solution 1-50 and used it in a powder on surface of burn. Hydronaphthol is a valuable antiseptic internally and externally; it is very useful in wounds, ulcers, sloughing wounds, pus cavities, is also useful in skin diseases as eczema, herpes and scabies locally applied, being non-toxic, non-irritant. We generally use hydrozone dilute to suit the case, first washing the burn in warm water. In four weeks this patient was about well. Subiodide of bismuth is also a good dressing where an antiseptic and a stimulating action is desired. It can be applied in vaseline or dusted on the surface after washing and drying, a local sedative, non-toxic without arsenic is present. A good alternative is boracic acid diluted with oxide zinc 1-50. We have used with advantage protonuclein. A very good domestic application is bicarbonate of soda and one advantage is it is always at hand in most houses.

Years ago as I was passing a school house late in the afternoon a boy fell into a large bank of red hot coals in the fire place. School was out and before going home the children thought to have a play. His right hand was burnt all over up to the wrist. Not having the proper remedies with me I resorted to molasses con-

tained in bottles brought by the school children. The nearest dwelling to the school house was half a mile or more. I sent a runner there for flour, poured the molasses over the hand and dusted with flour thickly; a bandage enveloped the hand. I did not see the boy for twenty-four hours. He had not suffered from the time his hand was dressed. I applied the molasses again and dusted with bismuth subnitrate. The third day the burn was doing as well as it possibly could. The hand was dressed with something else, every finger wrapped separately to prevent growing together. It is imperative to keep the air from burns. The acid contained in the syrup had a sedative and healing effect. It acted like a charm, not a scar left.

BANANAS.

The article, "Notes from Experience," July number page 201, states "A banana is a dangerous diet for a sick child." That depends upon the quantity and quality. Well matured bananas that have not begun to decay are very wholesome and nutritious food. Medium sized bananas are the best and the finest flavored. The large ones are pithy, mealy and insipid in taste. Bananas contain 74 per cent. water, 20 per cent. sugar, the rest gluten, flesh forming food. Green bananas if fed to hens will make them lay more eggs. The peel of the fruit will make indelible ink. Bananas dried make good flour. It will not do to let children, well or sick, eat too much of any food. Bananas are sweet, wholsome and very nourishing.

E. C. Rothrock, M. D..
Tennessee Colony, Tex.

PULMONARY INSUFFICIENCY.

The congenital lesion is commonly associated with patency of the ductus botalii and imperfection of the ventricular septum. There may be also stenosis of the tricuspid. It is a rare affection and due to congenital malformation. Both Gibson and Graham have called attention to the possibility of leakage through these valves, which Steel calls the murmur of high pressure in the pulmonary artery. "This, however, appears to others as presumtive." Combined valvular lesions are quite common as everyone's experience has taught them. The diagnosis in my opinion depends upon the state of the chambers as regards hypertrophy and dilatation. Prognosis is fair in most cases. Women bear valve lesions better than men, owing, no doubt, to habits and occupation. Aortic insufficiency is the most serious, and rheumatism the cause in most cases.

Treatment.—Hygienic rather than medicinal. Be careful how you give digitalis or in fact any other heart stimulant. Recommend abstention from too hearty food, and keep the liver and kidneys in perfect working order, also regulate the bowels. Warm baths with soda and mustard or cayenne pepper assist largely in the elimination of effete substances and thus equalize circulation. Patient must refrain from worry and violent exercise. Co-habitation should be absolutely forbidden. In anemic cases one of the more recent preparations of iron and Fowler's solution (both in small doses) and combined with fl. ex. queen of meadow, and fl. ex. cinch. co. is a fine remedy. In cases of insomnia a dose of Hoffman's anodyne will be found of good service (repeated if required.)

William B. Mann, M. D.
Evanston, Ill.

TREATMENT WANTED.

Give best treatment for a young man of 20 years of age, who has his face and neck constantly breaking out with small suppurated pimples. These

when opened, become hard crusted, dark red lumps. Patient had typho-malaria fever three years ago in the south, and again last fall in California, had practiced masturbation when about 14 years old, but has abandoned the habit entirely for the last six years. Has very offensive breath most all the time—worse in the evening. Have given him iron and quinine, with proper medicine to regulate his bowels, which does not stop the constant formation of these pimples or correct his offensive breath. He is naturally very bright. His mother died with cancer of rectum.

Please give best treatment and causes.

Dr. W. H. G.

MORE HINTS.

Pichi is good in dysmenorrhoea.

Bladder wrack is good for goitre.

Salol may form intestinal calculi.

$H_2 O_2$ separates adherent dressings.

For iritis give eyebright and bryonia.

Salol will weaken the typhoid heart.

Crude petroleum stops the pain of burns.

A vinegar cloth prevents chloroform nausea.

The complete oxidation of nuclein yields urea.

Soak snake bites with ammonia, cut and cup.

Bind knees together in post partum hemorrhage.

Remember cimicifuga 15 gtt. t. i. d. for emissions.

Use supperless dry diet treatment for weak hearts.

The uric acid theory of rheumatism is a back number.

Saw palmetto is the tonic for bronchitis of the weak.

Gouty concretions may form when diet is poor in proteids.

Urea but no urates are found in human blood in health.

The partial oxidation of nuclein yields uric acid (xanthin bases.)

The deposit of uric acid crystals causes the arthrosis of gout.

Catarrhal otitis media has been successfully treated with superheated air.

Breeding dragon-flies is proposed as prophylactic to malaria. The flies eat mosquitoes.

There is also a theory to the effect that urea and glycogen form uric acid in the kidney cells.

The formula of uric acid is H_2 ($C_5 H_2N_4O_5$.) It occurs as quadriurate and biurate of sodium in the urine and tissues.

Certain Indian tribes of the northwest entertain the belief that medicine, unless paid for, will do no good. Such superstition should be encouraged.

Always be on the lookout for "walking typhoid." If a man comes to you "feeling sick" be sure and take the temperature and inspect the tongue and abdomen.

If you use quinine in labor give full doses of strychnine, atropine and ergot hypodermically and elevate the foot of the bed, thus to stop undue hemorrhage before it comes.

When progress in labor is slow and the patient is very noisy, give morphine and atropine hypodermically and thereby save your time, your chloroform and your forceps.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the au hor.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5 JANUARY 1902. No. 1.

A RETROSPECT.

Medicine and surgery are steadily and satisfactorily progressing and every year marks some decided advances. The field of our profession offers large opportunities for research to the student who loves his work. Glancing over the year 1901 we notice a number of important events in medicine and surgery.

Spinal anesthesia, according to Corning's method, has been extensively tried in America and Europe. Its value in some cases where ether and chloroform are contra-indicated, has been demonstrated but on the whole it has not proven as satisfactory as expected and is not likely to come into general use.

Some distinct advance has been made in cellular therapy and Dr. John Aulde's idea "make the cells work" is being more generally adopted. Dr. Aulde's original articles in the Recorder have placed our readers in close touch with one of the important modern ideas of therapy.

Considerable progress has been made in electro-therapeutics especially in the use of static electricity and the Roentgen ray. At first it was thought that about the only use of the X-ray would be as an aid in diagnosis but the past year has shown that it has great possibilities as a therapeutic agent. In the treatment of cancer and lupus it promises to be of decided value.

Some interesting results have been reported of treatment by the chemical or actinic rays of light, especially by Prof. Finsen, of Copenhagen. Successful results have been obtained in the treatment of lupus, epithelioma, alopecia areata and some other diseases. We expect in an early number to publish an original article on this subject.

The medical world was startled by Koch's announcement of his belief that bovine and human tuberculosis are not inter-communicable, at the Congress of Tuberculosis in London in July. One good result of this announcement is that the question is being studied with a thoroughness unequaled before. The consensus of opinion now seems to be that the diseases are inter-communicable and that too much care cannot be taken to prevent infection. The Congress of Tuberculosis accomplish much of decided benefit.

During the past year continued investigations and reports have been made regarding the theory that the mosquito is the main, if not the only means by which malaria and yellow fever are conveyed to man. The theory as it relates to yellow fever seemed to be confirmed by the reports made at the Pan-American Medical Congress held at Havana last February. Some very late reports question the part, which it is claimed that the mosquito takes in the transmission of malaria.

Much attention has been given to serum therapy and successes and failures have been reported. Some of the

serums seem destined to hold a permanent place in therapeutics while many others have proven worthless. One thing is certain and that is that the whole practice of medicine cannot be done with serums as its most enthusiastic advocates first claimed.

Alkometry has made advances during 1901. More physicians have got the proper idea that it is not a different system of practice but that it is the use of the active principles of well known remedies applied according to the established methods of practice. Some new alkaloids have been introduced and some of the older ones have become better understood.

Considerable attention has been given to sanitary matters—the improvement of municipal water supplies, the invention of tuberculosis, pure food products, better homes for the poor, etc.

Small-pox has prevailed in this country as never before in its history and people seem to be losing their old-time fear of the diseases, which can and should be prevented by proper vaccination.

The medical literature of the year has been rich in the number of really valuable books issued. A goodly number of these books have been reviewed in the Recorder. Our book review department keeps our readers informed about the best new books as rapidly as they are published. Our reviews are written so that a doctor can get an idea of what a new book contains and can tell at once whether he wants it or not.

The year 1901 was a year of scientific gain to our profession and the Recorder has endeavored to faithfully record this from month to month.

One thousand premium labels with every subscription to the Recorder, new or renewal.

USE ONLY GENUINE.

Whenever a doctor prescribes a certain remedy he has reasons for wishing his patient to get the genuine and not some cheaper substitute. Never before has so much attention been given to the discussion of substitution but the evil still flourishes. The way for the physician to prevent it is to send his patients with their prescriptions to a druggist whom he knows to be reliable and he can tell his patients his reason for desiring them to go to a certain druggist. Another satisfactory method is for the physician to do his own dispensing and then he can buy his supplies in original packages and be sure of their genuineness. The success of the products of the Farbenfabriken of Elberfeld Co. has caused them at various times to be fraudulently imitated. Recently it was discovered that several men in Detroit were making a business of supplying such bogus products to druggists. They made counterfeit packages and labels of these products and filled them with cheap substitutes which they sold at low prices to druggists. Acetanilid was used as a substitute for phenacetin, trional and sulfonal. These offenders have been prosecuted and other offenders will be. When a doctor prescribes sulfonal he does not want acetanilid, and when he prescribes aristol he does not want some inert yellow powder or some cheap, irritating iodine preparation. Knowing that these dangerous substitutes are on the market the doctor should carefully examine what he uses. The Farbenfabriken of Elberfeld Co. requests physicians who suspect the quality of drugs purporting to be of their manufacture to send them the original packages with contents for analysis. They replace the goods from their own stock and report results to physicians, so that they may protect themselves and their patients against frauds of this kind.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

MANUAL OF PHYSICAL DIAGNOSIS. For the use of Students and Physicians. By James Tyson, M. D., Professor of Medicine in the University of Pennsylvania and Physician to the University Hospital; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Fourth Edition, Revised and Enlarged. With Colored and other Illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. 12 mo. Cloth, $1.50 net.

That our profession is making rapid strides forward in scientific attainments is shown by comparing this work with a book on physical diagnosis published fifteen years ago. The usual methods of examining the lungs and heart are clearly presented. The physical examination of the abdomen is an important chapter of the book and one which the medical student of today needs. A section of the book is devoted to the microscopic examination of the blood and is illustrated with cuts and colored plates. Another useful chapter is one on the microscopic examination of sputum. Modern methods of diagnosing stomach diseases make necessary the chapter on the chemical examination of gastric contents. A summary of the X-ray in diagnosis is given in one chapter. A section is devoted to directions for making an autopsy for clinical purposes. The book is one which a practitioner can use for quick reference as in a few minutes he can get from it the information necessary for a physical examination of any organ. It is a work which all practitioners, old and young, need in daily work.

A TREATISE ON THE ACUTE, INFECTIOUS EXANTHEMATA. Including Variola, Rubeola, Scarlatina, Rubel a, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P., Lond. Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association, of the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-Tone Plates from Life, and 2 Engravings. Pages viii-392. Size, 6¼ by 9¼ inches. Sold only by Subscription. Price, Extra Cloth, $4.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The author was prompted to prepare this work by the recollection of difficulties which the acute exanthemata presented to him in the early years of his practice. Many a young practitioner has had little opportunity for clinical experience with these diseases and to such this work will be a great help. The first chapter is a very interesting history of the exanthemata. The diseases included in the work are variola, vaccinia, varicella, scarlatina, rubeola and rubella. Each chapter is a full treatise on one of the diseases. The diagnosis of each disease is made very clear by the text and plates. The colored plates present the characteristic appearances as perfectly as it is possible to reproduce them. No such attempt has ever been

made before to give the medical man such perfect pictures of the exanthemata. The treatment of each disease is very fully discussed and gives the latest ideas. The addendum has a table showing the chief features in the differential diagnosis of the exanthemata and formulas and methods for disinfection. Every graduate when he begins practice should certainly have this book. But not alone the young practitioner but the old practitioner of years of experience will find the book very useful, presenting to him the latest and best treatment. The plates printing and binding of this book are all of the best.

LIBERTINISM AND MARRIAGE. By Dr. Louis Jullien (Paris). Surgeon of Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Size of page 5½ by 7½ inches. Pages v-169. Extra Cloth, $1.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This is the first book from the pen of this celebrated author to appear before American readers in the English language. The book is a treatise on "Blennorrhea" as the author calls gonorrhea, giving its diagnosis and treatment but especially discussing the prevention of its transmission from the guilty to the innocent after marriage. The book is decidly French and gives an insight into some phases of French life. The author states many truths and gives some practical advice based on his extensive experience. In speaking of the dire results of gonorrhea he says: "We must put a stop to these distressing situations. All we doctors must make a crusade against this hidden enemy, a hundred times more terrible than syphilis, as Noeggerath has said. Let us declare that we can never sufficiently impress on young men, workmen as well as men in good society, the ultimate consequences of blennorrhea; let us show them plainly their future married life poisoned, their posterity compromised; let us give them the means to recognize this evil; let us appeal to their honesty, their good sense, and their interest to avoid marriage; and above all, let us learn how to cure them. This duty is needful, both for the happiness of individuals and the preservation of society."

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume one, General Medicine, edited by Frank Billings, M. S., M. D.. Head of Medical Department and Dean of the Faculty of Rush Medical College, with the collaboration of S. C. Stanton, M. D. Pages 270. Cloth $1.50. The Year Book Publishers, 40 Dearborn St., Chicago.

The first volume of this series of year books meets the high expectations aroused by its announcement. One volume will be issued each month until the set of ten is complete. Two volumes of the series will be devoted to general medicine, this volume being devoted to the following diseases: Diseases of the respiratory organs, rheumatism and allied disorders, cardiovascular diseases, diphtheria, epidemic influenza, cerebro-spinal meningitis, pneumonia, small-pox, the plague, tuberculosis, nephritis and cystitis. It gives abstracts of much of the important literatures of the year on these subjects. A valuable feature is the

addition of comments by the editor, Dr. Billings, whose statements carry the weight of authority. A good index makes the book useful for reference. It is well bound and will make a good addition to any doctor's library. The subscription price of the entire set of ten volumes is $7.50.

BOOK NOTES.

The Household for January is a bright number of this ladies' magazine. It contains an abundance of matter which every housekeeper will find useful and also good fiction, illustrations and entertainment for the whole family. We will send the Household, Success and the Recorder all one year and 1000 premium labels all for $2.10.

A splendid New Year's number is the January McClure's, making good, right at the start, the promises of the editors for the coming year. A notable paper, the first of a series, is Geo. W. Smalley's recollections of "English Statesmen and Rulers." An excellent article, well illustrated, is "In and Around the Great Pyramid" by Cleveland Moffett. "David Crocket" by Cyrus Townsend Brady and "Telegraph Talk and Talkers," by C. Hall, are bright articles. The short fiction of the number is very strong.

Modern Culture for January contains a notable paper on "Henry George, the Man and the Reformer," by Dean Charles D. Williams, D. D., of Trinity Cathedral, Cleveland: seven timely illustrated articles of which those on "The Police Dogs of Ghent," by J. E. Whitby, of Brussels; "Winter Navigation on the Lakes," by W. Frank McClure, of Ohio; "The Sun God in Chains," an account of the newly invented solar motor, by Arthur Inkersley, of California, and "The Charleston Exposition," by Dolly K. Yancey, of Charleston, are of especially fresh interest. Poems, stories and the regular departments round out a fine number.

The January number of the Ladies' Home Journal is a regular store-house of interesting facts and good fiction, and in point of illustrations is one of the most beautiful issues ever given the public. It opens with a paper showing some of Miss Brownell's artistic photographs, then tells "How Uncle Sam Guards His Millions," and presents Mr. Kipling's actual experience in raising a baby lion— a really remarkable piece of writing. Cardinal Gibbons contributes a fearless article on "The Restless Woman," and James Whitcomb Riley's "Home Folks" are described and pictured. These are a few of the leading features of this issue.

Everybody's Magazine for January is a very attractive issue. Among the leading articles are: "People of the Farthest North," by F. A. Cook, M. D.; "Lord Salisbury," by T. P. O'Connor; 'Li Hung Chang's Forecast of China's Future," by C. F. Ackerman; "The Making of a Navajo Blanket," by G. H. Pepper; "An American Woman Captured by Brigands," by E. P. Lyle, Jr. The leading serial is 'Belshazzer," by Wm. S. Davis, which is a powerful historical romance dealing with the fall of Babylon and the events preceding it. This number contains 112 pages and is profusely illustrated by leading artists of today. We offer some very attractive club combinations with Everybody's.

John Luther Long's new novel, "Naughty Nan," is published entire in the January number of Lippincott's Magazine. After a while it will be brought out in book form, costing four or five times the price of the magazine form. "The Mother," by Louis Zangwill, "A Fair Exchange," by Will N. Harben, "The Seal of Silence," by Albert Payson Terbune, are the short

stories. With rumors of the pope's declining health, people look forward to what will happen when the church shall be called upon to accept a successor in the chair of St. Peter. The paper, entitled "The Passing of the Pope," contributed by Mrs. Belloc-Lowndes, tells in a vivid yet reverent way how a new pope will be elected and crowned. There is an important posthumous paper by Sidney Lanier, entitled "Music of Shakespeare's Time."

Jonathan Hutchinson, F. R. S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

The January Country Life in America is a California number with superb pictures characteristic of this unique and beautiful magazine, and wholly devoted to the out-door world on the Pacific coast. The special cover shows big trees of the Sierras, and a magnificent frontispiece, the blooming orchards at the foot of snow-capped mountains. The leading article, by L. H. Bailey, tells of the diversified beauties and peculiarties of the land that flowers in winter and sleeps in summer, where thunder storms are not, and where the sun shines everlastingly. Pioneer days are recalled by "The Heroes of the Firing Line," a poem by Joaquin Miller. "Country Life in California," by A. J. Wells; "The Story of a Great California Estate," by Charles Howard Shinn, follow. The yucca palms and gila monsters, the weird life in the Mojave desert, and the poppies and poppyworts of California are illustrated and described.

With "The Era of Exclusiveness Is Past" for a text, the World's Work for January devotes its space largely to the political and commercial expansion of the country. Nearly every article gives not only vivid incidents of America Abroad to date, but is full as well of suggestions toward making the incidents of our trade in every limits of the earth a great unified movement. In "Our New Horizon" Frederick Emory gives a view of our new activities. Chalmers Robert relates stories of American ministers abroad, and Gaillard Hunt, in a splendidly illustrated article, tells how the consular service, which is doing much to further American influence at the outposts, should be reorganized. The rapid growth of the Pacific coast trade is stirringly shown in "The New Pacific Empire," by George Hamlin Fitch. "Merchantmen Twice as Big as Men-of-War," to ply between Seattle and the Orient, is by Arthur Goodrich. The so-called American invasion of England is discussed by Ulysses D. Eddy in "Our Special Partner —England," and in "More Stories," by a American in England. The only way to appreciate this number of this great magazine is to read it. The illustrations in this magazine are unusually good in every respect. We offer the World's Work in our club offers.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Influenza—Dr. A. C. Griggs, of Philadelphia gives in the Medical Times the list of remedies which he uses as occasion arises in the treatment of influenzal colds: Tannic acid, chloride of ammonium, antipyrin, antikamnia, benzoin, camphor, cimicifuga, cocaine, cubebs, electricity, Hoffman's anodyne, ipecac, hot fomentations, Turkish baths, opium, sulphonal, phenacetin, phenalgin, nitrate of potassium, quinine, salol, salicylates, benzoate of sodium, aconite.

Obituary.—Dr. F. J. Perry, of Ft. Atkinson, Wis., died in Dec., 1901, as a result of appendicitis. He was a well known Wisconsin physician and was a member of the Wisconsin State and Central Wisconsin Medical societies.

Dr. George Covert died at his home in Clinton, Wis., January 9th, aged 72 years, after an illness of two months. He was a prominent eclectic and had been president of the National Eclectic Medical society also the State society and was an extensive contributor to eclectic medical journals.

Smallpox.—Dr. William M. Welch, Chief Physician to the Municipal Hospital in Philadelphia, states that "No person who has been vaccinated recently in a successful manner has been admitted to the Municipal Hospital suffering from smallpox since the outbreak of the present epidemic." Of 980 cases of smallpox that have come under Dr. Welch's observation during this epidemic, not one was in a person who had recently been vaccinated successfully. "Anyone thus treated," he says "may sleep in a smallpox hospital, mix with the patients, take every risk."

Garbage Disposal—The French have discovered a new, and what promises to be satisfactory, method of disposing of city garbage. Garbage of all kinds, straw, paper, etc., are ground and tar and naphthalene added. Then the mass is thoroughly mixed, dried and pressed into briquettes. These make excellent fuel for manufacturing purposes and with heat-producing qualities about the same as coal. This may solve a knotty problem of modern city life. The possibilities of municipal economics are practically unlimited, if the people will only elect proper city officials.

The Oldest Doctor.—The Inter Ocean publishes the following regarding the oldest practicing physician in the world: Dr. John P. Wood, the oldest practicing physician in the world celebrated his one hundredth birthday yesterday at Coffeyville, Kansas. Dr. Wood was born in Dublin, Ireland. He lived in Kansas forty years. Dr. Wood served as a soldier of the Mexican and Civil wars, and has been married three times. The most wonderful thing about him is his physical strength and mental vigor. He walks without a cane, reads without glasses, and sleeps as soundly as a child. He can be seen every day walking the streets of Coffeyville attending the sick and giving hope and cheer to the afflicted.

X-Ray in Cancer—Much attention has of late been given to the treatment of cancer by means of the X-ray. Practitioners in different parts of the country have reported some very encouraging results. Dr. W. J. Morton, of New York, in the Medical Record regarding the X-ray in cancer says:

Now, the good that the X-ray may do is a chapter in the story which is being worked upon by many observers throughout the world. And its influence for good and for the healing of tissue is a positive fact which I have verified time and time again in practice. From the days when Mr. Edison first proposed the X-ray treatment for blindness (atrophy of the optic nerve cases), many have worked upon the problem of applying the X-ray in the treatment of diseases. But an atrophy was an unfortunate branch of the subject to begin upon, and naturally little or nothing came of the effort. Far more brilliant and less problematical are the effects derivable from the impact of the X-ray upon the tissue, if we turn to tissues which are not atrophic and to a ray which is not too destructive—namely, to a ray which is stimulating and to a tissue in which a reaction to normal nutrition may be set up as a strict consequence of the stimulation ("irritation"). A fair parallel to such action of the ray and the tissue is found in ordinary sunburn. The dermis appears to be similarly affected in each case. And could we lead the sun rays to the interior and remotest interstices of the tissue, we might perhaps do with the sun ray what is possible with the X-ray. But unfortunately the sun ray is stopped in its course at the surface of bodies. On the contrary, the X-ray penetrates bodies. But our parallel teaches that if the X-ray excites and stimulates the skin, so too, inevitably and logically, it must produce the same effect upon deeper tissues. That it does this we know. Therefore it seems to me that there can be no doubt that all probabilities favor the deeper action within the tissue of cancer, lupus, etc., claimed. But granting the deep action of the X-ray, and we must grant it, it yet remains to be seen if this especial action is one which restores a cancer tissue to a normal tissue. I do not believe, from the evidence now before me in cases now under observation, that we can afford to ignore the new hope and the new facts lately presented.

Treatment of Fractures—Dr. W. B. Metcalf, of Chicago, read the following paper on the treatment of fractures of the femur, at the last meeting of the American Medical Association:

The treatment of fractures of the femur has from time immemorial been an ungovernable condition, never fully under the control of the surgeon. The condition has been a source of anxiety to the surgeon and not an infrequent source of deformity to the patient. The injury has invariably resulted in shortening, which varied in amount from three-fourths of an inch to three and one-half inches, and in rare cases even more, with an average disability of twelve weeks' being the time offered by the Standard Accident Insurance Company as a cash settlement at the time of the accident. Heilfrich, in his book on fractures published in 1900, gives an average time for healing as thirteen and one-half months, with 34 per cent. able to work and 66 per cent. unable to work. In view of these facts I report the following case:

April 6, 1901, Mr. A. G. B., age 34, married, weight 205 pounds, height 6 feet and 1 inch, sustained a fracture of the left femur while bowling, caused by muscular contraction in the effort to throw the ball. The fracture was

complete, there being free mobility at the point of injury. Little care was used in moving him to his home, and as a result the tissues surrounding the fracture were very much mutilated. The ecchymosis and extravasation that followed involved the limb from below the knee to the crest of the ilium. Forty-eight hours after the accident the circumference of the injured limb at the junction of the middle and upper third was fourteen inches more than the right one at the same point. The amount of fluid at this time about the knee joint was enormous. In fact, the whole picture of the injured limb at this time was of as severe an injury as I have ever seen of a thigh, barring one requiring an amputation. Dr. Buford, who examined the limb at this time. confirmed the severity of the injury. On the third day after the accident, with the assistance of Dr. J. G. Hughes, a pneumatic splint was applied, the limb was measured and showed one and one-half inches of shortening. It was impossible at this time to get complete extension because of the great swelling. A gentle massage of the limb was kept up at frequent intervals; which was easily done while the splint was on. By the fifth day the swelling had subsided enough so that the foot was brought down in perfect position.

Twenty-four hours after the application of the splint, the patient was free from pain, and could move himself about in bed with perfect ease. Two weeks after the application of the splint he was about the house. The next week he was going about the street, and in less than four weeks after the application of the splint he was at his office; he was sleeping without his splint, and was able to get into a bath tub unassisted. Measurements made by Dr. W. H. Vary, Dr. J. G. Hughes, Dr. Ochsner and the author, show that there is no shortening in the injured limb.

The following advantages are gained from experience with the pneumatic splint: 1. It can be applied without assistance. 2. Fractures can be reduced without an anesthetic. 3. Patient can move about freely in bed, after its application. 4. Gives free access to compound fractures without removal of splint. 5. Reduces the time of disability over one-half by American report. 6. Prevents shortening. 7. Prevents angular deformity. 8. Changes our pathology. 9. No complete circular constriction to impair the blood supply to the limb. 10. Massage can be given to the entire limb without removing the splint.

Modern Education:—American education is a thing of national pride but the time has come to call a halt to the pushing, cramming system now in vogue We desire our children to be well educated but it is not necessary to ruin their health to accomplish it. The inductive method now so generally used is a great advance over the methods of a generation ago. But with the old method children were not crowded beyond their years. Now, we all know of children of ten years, who are doing work which should not be done until fifteen. Enthusiastic educators are pushing children far beyond their years. Physicians all have cases of broken health due entirely to this forcing system. The editorial page of the January Ladies Home Journal gives extracts from sixty-eight letters from parents, teachers, and victims showing some pathetic results of this system. Mr. Edward Bok thus presents an absolutely unanswerable editorial against this great and growing evil. We wish that every educator and every parent in the land would read all these incontrovertible arguments. We present a few of them:

"Eight children in the school where I teach have been withdrawn already this term—two I fear with their little brains hopelessly hurt."

"Unless he sat up until midnight it would be a mortal impossibility for my boy to do the lessons which he brings home."

"Our daughter of fifteen broke down; a schoolmate, an orphan, with no one to look after her, broke down, continued in school, and died."

"Compelled to bring seven long lessons home every evening, after being in school from nine to four, I have just taken my little girl of eleven out of the public school."

"Only last evening I saw my boy working at his lessons from four until six and from eight until ten, and at the end of that time his lessons were half done. This morning I went to the school, but the principal could give me no assurance of things being different. This evening we decided to withdraw our boy."

"Fancy compelling a girl of ten to bring home a bag of books weighing nearly six pounds."

"As a teacher, I know only too well how diabolical is this pushing children. But I can do nothing, even when I see children withdrawn from my class on account of overstudy."

"I was pushed by ambitious parents until sight gave out. I lost the use of one eye altogether, while the other is weak."

"We overreached. Pushed our bright young daughter in school and out, until she broke down. Almost by a miracle she was saved to us. But it taught us a lesson."

"Pushed beyond my endurance as a child, I am today a nervous mother with children so nervous that it is pitiable."

"I lost health, wifehood, motherhoood.

"An ambitious father caused me to be shattered in nerves before I was sixteen. My bed has ever since been almost my constant companion."

"My eldest daughter became a complete wreck in mind and body before she was twenty. Too late I realized my responsibility as a mother."

"It was music and painting added to a tired brain. Now our house is still—a monument to our thoughtlessness."

"Brain fever at twelve—and we are left alone."

"She was ailing, but her mother was so ambitious. She let her sit up far into the night to work—a beautiful girl of only seventeen. She died a few days ago."

"I thought more of a diploma than I did of my child. Now, I have only the diploma."

"You don't try, we said to our little daughter. She did try, then. Now, how we wish she had been wiser than we were."

"A beautiful niece in a private asylum is a sorrowful tribute to modern schooling."

"Our poor little boy, just previous to his passing away, went into a delirium of fear that he would not get his "marks". His dread was something pitiable."

"We pushed her, and God knows how we have suffered for our mistake".

"Promotion! Promotion! was our cry. Then our little girl was promoted. But not in the way hoped."

"She was so well—rosy-cheeked and well-developed—that we thought she could easily stand the pressure of a fine education. Too engrossed with our selfish ambition, we attributed her growing anemic state to all other causes but the right one. In a moment, almost, my husband realized our mistake one day. For years we tried travel, rest, the best of care—everything, in fact. But it was not to be, and with heavy hearts we laid her away."

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

NERVOUSNESS CONSEQUENT UPON LA GRIPPE.

Nervousness of a distressing character is one of the sequellae cousequent upon la grippe. Very often these patients will have all the appearances of one whose nervous system has been almost wrecked. These patients are nervous and fidgety; they cannot sleep and they constantly feel excited, and everything is up to the high water mark in high tension. These patients, too, will be found to suffer with dyspepsia, and this is not due to gastric disease, but to high nerve tension.

The treatment of this condition is extremely simple. Yet many good practitioners make a mistake with these patients. It is a mistake to give these patients tonics or digestive ferments, or agents of that class. All remedies of this class do the most material harm, because they often fasten constipation onto the nervous patient and in that way increase the patient's load of woe.

The best remedy in this connection is Daniel's con. tinct. passiflora incarnata. This remedy by its soothing and tonic action on the nervous system, allays the nervousness, the patient is enabled to sleep soundly and his progress toward recovery begins at once. The remedy is an hypnotic that carries no evil in its train, such as injurious or unpleasant after-effects, or drug addiction. It is therefore to be given preference in insomnia to all other remedies. But in all cases of nervousness or nervous exhaustion we shall find in Daniel's passiflora one of the most prompt as well as one of the best remedies at our disposal.

It is best in these cases to have the patient take the remedy in doses, a teaspoonful every two hours. As the patient gets better the time between the doses is to be made longer. Usually after ten days three or four doses each day will be sufficient to allay the nervousness.

But the practitioner will feel free in the matter of dosage, as Daniel's conc. tinct. passiflora incarnata is entirely non-toxic. Often it will be found advisable to give the remedy in doses of a tablespoonful when the nervous condition is extremely urgent.

PREVALENT GRIPPAL CONDITIONS.

Thomas G. Rainey, M. D., L. R. C. P., resident physician British medical institute, Atlanta, Ga., in a recent article states that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed to a large extent in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: Asthma, bronchitis, laryngitis, pneumonia, phthisis, whooping cough, hay fever, la grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains five grains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the

pain entirely disappeared. In treating the affections enumerated above, the dose is one tablet every two, three or four hours, according to indication.

A GOOD OPIUM DERIVATIVE.

Dr. S. M. Maddox, M. D., United States Examining Surgeon, Coronor Marion County., Ohio, says: (Med. Brief) * * * For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple has many disadvantages which render its use in some cases postively harmful. Opium is one of the most complex substances in organic chemistry, containing according to Brunton, eighteen alkaloids, and an organic acid. The ordinary alkaloids, of which morphia is the chief, have the same objections as the crude drug. They constipate the bowels, derange the stomach, and worst of all induce a habit which utterly destroys the moral and physical nature of the individual. While looking about me for some agent which would produce satisfactory anodyne and hypnotic results without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy I am convinced that it is the ideal anodyne. Although derived from the papaver somniferum it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache; it does not induce any drug habit; it is safe and may be given to children as well as adults.

A Boston physician writes: "I have been treating a long-standing case of eczema capitis with chiolin and am pleased to say that the effects of the treatment gave great satisfaction to the patient and myself." Sample free.

THE TREATMENT OF NASAL CATARRH BY THE GENERAL PRACTITIONER.

By Eugene C. Underwood, M. D., Louisville, Kentucky.

Surgeon B. &. O. S. W. R. R.; Surgeon K. & I. B. Co. Etc.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally secn, and is characterized by a thick mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge and the expulsion of discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anemic. The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any co-existing disease or morbid state. In some cases where there is occulusion by exostosis

the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy and is not equaled by any other drug I have ever used. When the patient is anemic I have him take iron, and any other drug is used when it is called for by associated disease or morbid condition, but the hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The hydrozone at once overcomes the offensive odor and takes off the purulent crusts. These cases must be treated with cod liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., age 60, had been a sufferer for two years. There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal parts of distilled water and hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age 18, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the hydrozone and water spray, and took fifteen drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Mrs. R. J. C., age 49. This lady had atrophic rhinitis and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the hydrozone and water spray and take cod liver oil internally. She spent last winter in Cuba, and has just gotten home, greatly improved in general health and her catarrhal disease is better. She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears. I expect to see this patient entirely well in several months.

SUBSTITUTION.

By J. D. Williams, M. D., New York City.

There can be no subject of more importance to physicions than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonost man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical socie-

ties induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease. Let proceedings for revocation of license be before the court, board, or officer, empowered to issue the license, and be set in motion at the relation of either the Board of Health, a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of a drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpenas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty.

SEPTIC INFECTION.

By R. E. Dodge, M. D., Chicago, Ill.

Mr. Y. . . . . ,aged thirty years, a machinist by occupation, applied to me for treatment August 6th, 1899. The three last fingers, back and palm of left hand were violently swollen; also a large carbuncle on right forearm; severe pain extending up left arm as far as shoulder. Temperature 103° F., pulse 110. I opened up the three fingers, palm of hand, and also the carbuncle, cleansed thoroughly, and I used a moist dressing of "Glyco-Thymoline" (Kress) pure. This treatment was commenced at ten o'clock in the morning; I dressed the wound again at six p. m. when I found the temperature $99\frac{3}{5}$° F., pulse 80, and inflammation greatly relieved. The following morning the temperature was normal, also the pulse. I continued the moist dressing for three days. From the first dressing he began to improve, and went on rapidly to an uneventful recovery.

EPILEPSY.

CLINICAL REPORT.

By J. A. Hirsch, M. D., Edwardsville, Ill.

The first case in which I prescribed Dr. Towns' remedy, a boy six years old, who had from three to five epileptic seizures a week, was permanently cured in three months. He has not had a seizure in eighteen months.

The second case, a man 57 years of age, who had severe epileptic attacks almost daily for fourteen years incapacitating him for work or pleasure, was greatly benefited. After taking the remedy two months he had an attack only occasionally which would be brought on by some excitement or indiscretion in diet. At this time he moved to a different part of the state and I have not heard from him since which is about four months ago. Had he taken the medicine faithfully for five or six months I think that a permanent cure would have resulted.

The third case, a boy 8 years of age is still under treatment with Dr. Towns' epilepsy remedy but much improved. Am confident a permanent cure will result in this case.

Dr. Adolf Kranz, of Vienna, says: As regards the therapeutic value of pepto-mangan (Gude) I am of the opinion that it is the best among all iron preparations. It has given excellent service not only in the lighter degrees of chlorosis and anaemia, but also in the severe forms. The preparation was gladly taken by all my patients, without producing disturbances of any kind.

A LESSON FROM THE MASTERS.

The study of the practice and teachings of the really great men in medicine is a fruitful source of knowledge and practical guidance in the management of disease. Two principles are clearly recognizable; first, that Nature possesses the ability to successfully combat the acute infectious diseases without the necessity of resort to powerful drugs for the relief of symptoms; second, that treatment is most successful which is most simple and which has for its object the reinforcement of Nature's methods of antagonizing the encroachment of the disease processes. The application of these principles constitutes the most successful methods of treating influenza, pneumonia, bronchitis and the numerous winter diseases associated with inflammation of the respiratory organs.

One method of treating these conditions is by administering a powerful and, in truth, a depressing drug for practically every symptom, e. g. opium in some form, to control cough, a cardiac and metabolic depressant to reduce fever, stomach-disturbing remedies as expectorants, etc. This plan of treatment is, authorities assert, antiquated, irrational and ineffective. On the contrary it is a matter of absolute fact, proven by experience, that if a patient with pneumonia, influenza, severe bronchitis, is properly nursed, given adequate easily assimilated nourishment and be given Gray's glyc. tonic comp. in dessert to tablespoonful doses every three or four hours, that patient will withstand the attack much better and be surprisingly free from the pronounced depression which accompanies and succeeds these diseases, This plan of treatment has also the great advantage that the patient is spared the baneful effects of excessive drugging.

Gray's tonic not only fortifies the patient's strength, aids digestion and assimilation, but has an unquestionable influence in palliating the symptoms of respiratory inflammation.

AN UP-BUILDER IN POST-GRIPPAL CASES.

Very many of our readers know, by reputation, at least, Dr. A. H. Ohmann-Dumesnill, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure. "I needed a roborant and took with much benefit to myself, Hagee's cordial of cod Liver oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this now prevalent affection.

In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manifested themselves I have found this preparation equally effective. It is an excellent up-builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to grippe."

This is certainly very high praise from an eminent authority.

Dr. Louis Stern of New York City in a report on Protargol says: I have had occasion to test it quite extensively in my practice within the last two years. Without entering into a description of this agent, which has now become so well known, I would only state that as compared with other remedies it is particulary free from irritating effects upon the urethral mucosa and exerts an almost specific effect upon the gonococcus.

BRIEF MENTION.

Don't worry—it makes you grow old.

Society always loves you—if you spend your money.

In times of prosperity save your surplus for times of adversity.

A good combination in chorea is sodium salicylate with potassium bromide.

Chiolin is as good as it is represented. Samples free from the Hope Chemical Co. Chicago.

Write to the Wheeler Chemical Works, Chicago, for a free sample of noitol, the eczema cure.

Dr. Graves' tooth powder is a good one. Recorder readers get a supply of samples upon application.

Zymotoid is very efficient. Dr. Arnold's trial offer is very fair and shows his faith in his preparation.

Intestinal obstructions can sometimes be relieved by hypodermics of atropine and large, frequent enemas of olive oil.

Lanikol is being daily used by many physicians with good results. You can get a sample for the asking and prove its merits.

We have used arsenauro in many cases where we wanted a tonic alterative and the results have been unusually satisfactory.

If you have not tried Morgan's sabalol spray, it will pay you to send at once for a free sample and see what a useful preparation it is.

The Northwestern University has decided to sell the Woman's Medical College of Chicago. The school does not pay running expenses.

The Tyndale Eucalyptus Co. makes a good offer to try a pint of the unequaled eucalyptus spray. It is especially good in chronic throat troubles.

If you are not familiar with hydroleine, send for samples to C. N. Crittenton Co., New York. You will find it an elegant, efficient and pleasant cod liver oil preparation.

The results of Fellows' hypophosphites upon the nutrition of the mother exhausted from prolonged lactation stands prominent among the most striking effects of therapeutics.

The leguminous vegetables and no sugar is the diet recommended by Dr. Beale in suppurative conditions. The legumes contain considerable calcium sulphide which may explain their beneficial effect.

The treatment of abscesses with bovinine has given some good results in the hands of a number of physicians of late. The abscess is first cleansed with bovinine and hydrozone, followed by Thiersch solution and bovinine pure.

Don't Try to Do too Much.

All we wish to do is to state, plainly, in simple language, a demonstrable fact which is daily becoming more evident and gaining wider recognition. A severe and extended professional experience of nearly forty years has firmly established a reputation for "Colden's Liquid Beef Tonic" as being one of the most reliable and effective preparations of Beef, Iron, Cinchona and Brandy, procurable. A second preparation of the same (Ext. Carnis Fl. Comp. (Colden) Form. No. 2) has the Iron omitted.

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Samples sent free on application, to physicians.

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For the Diagnosis and treatment of STOMACH diseases, SKIN diseases, TUBERCULOSIS, CANCER and FRACTURES.

DOCTOR, I will be pleased to assist you in any way that I can. Will make the diagnosis, and outline the treatment when desired.

WALTER B. METCALF, M. D.

100 State St., CHICAGO

ECZEMA AND ITS CURES.

By M. E. Chartier.

Docteur en Medecine de la Faculte de Medicine de Paris. Membre Correspondant etranger de la Grande Encyclopedie, Section de Philologie.

Through experience extending over twenty-five years in the field of practical medicine, I have come to the conclusion that very few physicians can successfully handle an ordinary case of eczema. The main trouble, I believe, is that most preparations used to cure that troublesome disease are not readily absorbed, even if said preparations contain the proper ingredients.

Many physicians attribute their failure to the fact that in many instances the blood of the patient is deeply involved, and therefore that internal remedies are in order. This is only true to some extent, as it has been demonstrated that medicines administered by rubbing into the skin act directly upon the blood. This process has the advantage of obtaining the desired result without upsetting the stomach of the patient. This is particularly true of children and delicate women.

In Scrofonol I have found an effective preparation which acts promptly, giving relief from the very start. It is in the shape of ointment scientifically compounded, and the effect on the skin is obtained in a comparatively short space of time. The following cases treated by me are typical, and for this reason I may be allowed to call attention to them:

Henry G.—boy 14 months old, has been troubled during the last three months with infantile eczema; the face is particularly affected. The child cannot sleep at night on account of the intense itching. The mother is instructed to dry the parts and apply the cure with a soft cloth four or five times a day, so as to keep the skin perfectly moist The little patient becomes more quiet at once; sleep is restored, and inside of ten days the skin presents a healthy appearance. No medicine given internally.

Amelia G.—3 years old, sister of above patient. This case is not quite so bad; yet the face is covered with scaly eruptions. Same treatment. Cure affected inside of a week.

Edward M.—48 years old, molder by trade. This man is a hard drinker. He complains to have been sick for years with eczema. The legs and feet are covered with thick scales; inflammation very severe as is demonstrated by the appearance of the skin. The patient is ordered to cut his supply of liquor; besides the cure is applied four or five times a day. A permanent cure is secured in about six weeks. I shall say that this patient was in a very poor condition, probably on account of his drinking habits.

I could relate many similar cases in which I have obtained the best results. I will add, however, that I consider Scrofonol a specific in all the variety of that disease, particularly in acute eczema (salt rheum) and chronic cases of long standing. I have also used this preparation with success in ring worm, pimples, barber's itch and other skin eruptions. That the cure has been permanent in each case can not be doubted, as I have not had a single relapse when the treatment has been faithfully followed. In each instance the healing has taken place quickly, leaving the skin smooth and in a healthy condition. The cases of the children mentioned above are typical in this respect, on account of their surroundings. These children belong to a poor family, living in a tenement house, and therefore not enjoying a sufficient amount of fresh air. For free sample and literature address,

PHENIQUE CHEMICAL CO.
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The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

DYSPEPSIA.

By George J. Monroe, M. D., Room 30, Courier Journal Building, Louisville, Kentucky.

In this rapid age, this day of hurry and worry, this day of money-making and spending, this day of fast and careless living, we find especially among the male portion of the population a great amount of functional and nervous dyspepsia prevails. This is particularly the case with the business and professional man. The business man becomes dyspeptic from nervous excitement and nervous tension, his nerves are upon the stretch all of the time. The professional man is under the same stress, and in addition a great factor in producing indigestion in his case is sedentary habits of life. The business man does not take time to eat his meals, but does that as he does his business, in a great hurry. He does not take time to masticate his food, but bolts it down as though his life depended upon the rapidity of his eating. Proper mastication of food is absolutely essential in order to have perfect digestion, and the lack of doing this is one great cause of indigestion. This ought to be done slowly and thoroughly, allowing the saliva to moisten every portion of the food. This is really the first step in digestion. In order that this should be completely done requires a good deal of time in eating and also requires a good deal of chewing. I believe it was Gladstone who chewed eighteen times before swallowing his food. His cutting wood, perfect mastication and digestion kept him in good condition physically and mentally until long past the allotted age of man. In order to be able to masticate well, it is necessary that the teeth be kept in good condition, and thanks to the dentists, everyone can have good teeth. Often the professional man, on account of his sedentary habits, does not have an appetite, the stomach does not seem to desire food and is incompetent of digestion if food is taken into it. Every professional man should be compelled under penalty to take sufficient exercise to give him an appetite. Hurry and irregularity in eating and sedentary habits are common causes of dyspepsia.

Another very common and frequent cause in this young America is worry. We all know from experience how anything that affects the nervous system affects the appetite. Anyone who constantly worries will become a dyspeptic. We may sit down to the table, hungry enough to eat a good, square meal, when something may arise to cause us to worry. For instance,, a telegram arrives bearing sad news or stating some one who is owing us has failed, or the bank in which are our deposits has gone to the wall. What is the result? Our appetite immediately leaves us. We cannot eat anything. Or we may be disappointed in making collections of money and we may have notes in the bank which are becoming due and we do not know where to secure money to meet them. This condition will give any man who cares for his financial reputation nervous or functional dyspepsia. He will find he is not able to sleep well at nights, and if perchance he sleeps will be disturbed by disagreeable dreams. He will awaken in the morning depressed, weary and uneasy. He will begin to think, and think, and we all know it is hard work to think seriously, what to do to enable him to meet his engagements.

I am convinced that there is more dyspepsia produced from nervousness or mental worry than from all other causes combined. A woman who desires to make a prominent appearance in the fashionable world may happen to marry a man who is stingy, if able, or he may not be able to gratify her desires. The result is dissatisfaction and disappointment, and resulting from this, derangement of the digestive organs. A man or woman may meet with disappointment in love affairs, and a sure result is dyspepsia.

Another very frequent cause of dyspepsia is poor cooking. Unfortunately, we do not have many absolutely good cooks in this country. The young girls of today are brought up to despise labor. They are taught and impressed with the idea that it is undignified to work, and especially is this so in regard to kitchen work. They know nothing about cooking. When they marry, the husband may not be able to keep a cook. The wife attempts to cook, and of course maks a mess of it, having never been instructed. The wealthy do not always marry the wealthy. Some rich girl may in spite of all training have sense enough to fall in love and marry some poor but honest laboring man who does not possess much of this world's goods. He may be nothing but a clerk on a small salary, yet one of Burn's "noblest works of God." He is not able to keep a cook, but his wife, having never learned to cook before her marriage, God bless her, attempts to cook. Of course the meals she prepares are not very digestible, though seasoned with love, and dyspepsia is apt to follow. In time she may become a good cook, but the mischief is done. To illustrate: John in coming home, passes a dead man on the street near by. He is nervous until he can get home and see his wife. The first question he asks her is "Have you been feeding any tramps today?" She replies in the negative. John is thankful, for he did not know but perhaps she had, and that was the cause of the man's death.

The physician who has probably as much or more influence over the women of our land than any other person, should insist upon every mother seeing to it that her daughters learn to cook. No mother knows of a certainty what position her daughter is going to occupy. She may marry a man of wealth: but if this should be the case, how necessary it is that she should know how to cook, or at least know when food is properly prepared. She may not always be able to pro-

cure a good cook, though she have an abundance of money, and I do not believe it is undignified for a lady to be able to instruct her cook if she needs instruction, or even to prepare a meal herself. We cannot live without eating, and we cannot not be healthy and happy and eat poorly cooked food.

Another prevalent cause of dyspepsia is too frequent sexual intercourse or masturbation. No one who practices masturbation once or twice in twenty-four hours, or has sexual congress that often will remain free from dyspepsia very long. This does not affect a woman as a rule to the extent that it does a man. Many women do not have the intense sexual desire that a man does in the act. Very often the woman is simply a passive agent and not the active. Very often the woman does not experience the orgasm, consequently her nervous system is not so profoundly affected as the man's. The man will become a dyspeptic and frequently the woman escapes.

Another too common a cause of dyspepsia is the use of alcoholic stimulants. Now when I say this, I do not wish to be misunderstood, that I am an out and out prohibitionist, for I am not. I am of the opinion that alcohol under certain conditions is beneficial. I do not mean by this that all should use it; but when the physician honestly believes his patient needs it, he should prescribe it as a medicine. It should not be used as a beverage. and here is where the trouble arises. So many take it as a stimulant, a beverage, and use it to excess, and when this is done dyspepsia is sure to result. When a man finds he has to take his glass to give him an appetite to enable him to eat, dyspepsia has already been produced. An habitual drunkard is always a dyspeptic.

Malaria is another cause of dyspepsia. I do not think I know what malaria absolutely is, but I do know there are certain conditions of the system that are produced by some influence, either in water, air or mosquitoes (I don't bank much upon the mosquito) that is called malaria. When we have this condition it is always accompanied by indigestion. Even after we have gotten rid of the malaria the dyspepsia frequently remains indefinitely. The liver always seems to be sluggish in malaria. So I think we may say that disease of the liver is a cause of dyspepsia.

Certain occupations may induce dyspepsia, especially those carried on in an impure atmosphere.

I beiieve that medicines will produce dyspepsia. A person who is continually taking physic will become a dyspeptic. Opium or morphine will, if used to any great extent, produce dyspepsia. So I believe will cocaine or hydrate chloral.

I do not believe I ever have known a person who has been particular in dieting for any great length of time but what has become a dyspeptic. Occasional dieting is necessary under certain conditions, but if this is persisted in very long, dyspepsia and derangement of the digestive organs are sure to result.

I will give the treatment of dyspepsia in my next paper.

MICROGLOSSIA.

CASE REPORT.

By E. N. Ritter, M. D., Williamsport, Pennsylvania.

November 24, 1901, I was called to deliver a healthy woman of her third-ipara, which terminated in a normal labor. The other two children whose ages are eighteen months and three years respectively are healthy and normal children. After dressing the cord and weighing the child, whose

weight was eight pounds, I left him in charge of his nurse.

On my visit the next morning I found the mother progressing nicely, and the nurse reported that the child had been resting quietly, but he had not nursed, although she had given him some water to drink. The nurse was advised to place the child to the breast at once.

Late in the evening the father called at my office, stating that the child would not take the breast. I advised him to repeat the efforts of nursing, but if the child again refused he should be fed a few spoonfuls of diluted cream, as the child might possibly tongue-tied, which occurs quite frequently.

On making a digital examination of the mouth at my next visit I could find no division of the tongue and floor of the mouth. Thinking the condition to be that of ankyloglossia, I had the child removed to the light for inspection, when I discovered only the floor of the mouth, but as the child uttered a cry I saw a tongue scarcely the size of a stub pen situated in its proper place. A breast pump was secured to empty the mother's breasts and the child fed with a spoon. The mother's supply of milk soon began to diminish quite rapidly and soon ceased. The child is now thriving healthfully on artificial diet administered by a spoon.

THE TREATMENT OF URETHRAL STRICTURE.

By C. C Miller, M. D. 410 Second St., Memphis, Tenn.

(Second Paper.)

The third case is that of a man of 36 with a stricture of long standing which had been dilated and partly dilated by a number of physicians. Having been irregular in his attendance to them, the natural sequence was unsatisfactory work. He came to me and upon examination a stricture of small caliber 14F was found about 4 1-2 inches from the meatus. He chose dilation as the treatment and this was persisted in for several weeks when his attendance became unsatisfactory. After insisting on more regular attendance without any avail he was given the choice between urethrotomy and getting another physician. He chose the former upon the understanding that a general anesthetic was unnecessary so the operation was performed with cocaine anesthesia, a method in simple uncomplicated cases which is very satisfactory but if any complications exist in a nervous patient it is far from being so. The operation can easily be performed in the office without assistance. The parts are to be washed thoroughly with soap and water the body and limbs covered with clean towels from the ribs to the knees with only the penis exposed. The instruments are all to be boiled, several olive tips, a full sized sound, the urethrotome (Otis straight dilating being my favorite) and several rubber bands with a blunt tipped canula to be attached to a glass hypodermic syringe. The bands spoken of before are now placed upon the shafts of the olive tips and one upon the urethrotome. A full sized olive is passed down the face of the stricture and the band upon its shaft pushed down against the meatus and the instrument withdrawn and laid upon the table before us, then a smaller one is passed through the stricture and the band upon its shaft pushed against the meatus when the shoulder of the olive is in contact with the posterior face of the stricture and it is withdrawn and placed alongside of the first with their bands in contact. This has now secured for us accurate measurements as to the distance from the meatus of the stricture and the interval between the tip of the larger and

the shoulder of the smaller measures exactly the length of the stricture. Now the urethrotome with a band upon its shaft is placed parallel to the bougies the knife unsheathed and placed just beyond the smaller olive so as to allow for about 1-2 inch then the band upon the shaft is pushed down in contact with those on the olives and the instrument with the knife sheathed and the blades in contact is ready for use.

Before using it the urethra is to be cocainized. This is accomplished by passing the canula with the hypodermic charged with the cocaine solution attached, into the posterior urethra where a few drops are injected then gradually withdrawing it allowing a considerable to be deposited just anterior and posterior to the stricture and finally discharging the last few drops just before the canula is withdrawn from the meatus which is pinched together afterwards and held for about five minutes if the cocaine be 4 per cent., some what longer if 2 per cent. Now the urethrotome is passed down to the stricture and through it until the band upon its shaft is in contact with the meatus then the penis grasped firmly with one hand which also steadies the shaft of the urethrotome, with the other the blades are rapidly dilated until the dial registers four sizes French above the normal, this will usually cause considerable discomfort but it only requires a second or two and then the knife is rapidly withdrawn and carried the length of the stricture seen by the interval between the olives lying before us plus 1-2 inch, then it is rapidly pushed back into the sheath the urethrotome partly closed and withdrawn. Usually we can tell by the sense of resistance when the knife has passed through the abnormal tissues and has entered the healthy without the guide of the olive tips. Without waiting, the sound full size which has been lubricated before the procedure commenced is passed in to the urethra and through the stricture and on into the bladder thus assuming us that all strictures have been divided. If another is found it too is measured and divided for only by thoroughness can we gain any credit in this work.

After the division the haemorrhage probably amounted to an ounce in all; when all bleeding had apparently stopped the parts were wiped dry and a huge wad of absorbent cotton tied around the penis with a piece of bandage completed the procedure. In these cases a large piece of cotton should be used for any haemorrhage then occuring will be taken up by it preventing in most cases that alarming statement we too frequently hear "that they bled into their shoes". They are instructed to remain quiet for the next 48 hours and report the second day. This patient returned the second day and a web bougie full sized was passed. The web bougie full sized is probably as painful as a steel sound but not half as alarming to the patient conseqently it is usually the instrument I use for the first few times. This is repeated every other day for four or six weeks then the patient is instructed to come at intervals of two or three weeks for a few times to make matters certain. It is well then after the patient has discontinued treatment for three or four months to have him call and pass a full sized instrument to assure yourself that no recontraction has occurred.

In the dilation following, though rather more severe, I prefer a blunt cylindrical bougie to the conical ones, for the pain of the point entering the stricture will not infrequently cause the patient to resist forcibly and the full size will not be reached but aside from this, even though it pass to full size the entrance has been wedge like so that the farthest part of the incision may not be so well separated as it is

with the blunt bougie which if it enter at all dilates suddenly and completely to the full size cut.

The next case is that of a man of 30 who had suffered from four attacks of gonorrhoea during the ten years preceding consultation. He objected to the use of a bougie (having consulted for anal fissure) but when a distinct mass of considerable density was revealed by palpation in the urethral tissues and pointed out to him he permitted the passage of an olive tip which revealed a stricture of number 18F. about 1 ¼ inches from the meatus. He at first insisted that dilation be used and this was followed for a time but proving unsatisfactory and after being repeatedly assured of the comparative safety of division he permitted urethrotomy to be performed. This was done as described in the preceding case to complete satisfaction of both operator and patient.

The last case departs somewhat from the character of the former as it is one due to the union of urethral surfaces following the healing of a chancroid and I mention it only from the fact that not infrequently practitioners allow union to occur of surfaces in contact while the patients are directly under their observation as occurred in this case. Inspection and history in this boy readily revealed the true nature of the case and further examination showed to my surprise that the surfaces united extended backward for fully half an inch. This was revealed in dividing the surfaces with a sharp bistoury after cocaine anesthesia and the caliber was restored from number 12F. to full size. The after treatment simply consisted of a daily separation of the parts until healing had occurred.

☙ ☙ ☙

Calomel and iodoform in equal parts as an application to tuberculous and scrofulous ulcerations have been recommended highly of late.

HINTS.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

A too favorable prognosis is bad for the doctor.

When men with sclerosed vessels get badly sick they don't last long.

Never make a snap diagnosis by holding the pulse, acting brisk and confident and looking wise.

It is best to be very formal, reserved and dignified with the next door neighbors—"Familiarity breeds contempt."

There are many people who are half sick and half full most of the time. You can tell them by the feeling of the vessels in the wrist.

I knew an M. D. to lose his prestige by calling appendicitis neuralgia of the stomach; had he kept still he would have lost nothing.

But talking of fools, the worst sample in that line is the doctor who tells his patient everything he is taking and how it is supposed to act.

If called to a patient with fever and the nature of the fever is doubtful and if no one asks you what is the trouble, treat, but volunteer no information.

It does not pay for an M. D. to get a social footing with unrefined people; they will be great friends for a time and then it will be all the other way.

Doctor, clothe your practice in mystery, dark as Egypt's night. Say as little as you can, but say what you say with an appearance of positiveness.

He whose face is deeply imprinted with the physiognomy of a sneer is an undesirable patient always unless it is cash and the patient is a traveling man.

It is not profitable as a rule to have the practice of next door neighbors, that run to the office for every trifle; very soon you may dislike to see them come.

There are doctors who do not read medical journals and use but few variations in their treatment who get good practice because they belong to a secret order.

One of the most unwise remarks I ever knew an M. D. to make was after he had examined a case, he looking perplexed said: "I must go and read up."

It takes more medicine, patience and judgment to cure a common cough in a pessimist than to reform a bushel of ills in the one whose mind is well pictured with a roseate imagination.

A doctor is liable to make his worst blunder by saying when the mother is alarmed: "Oh, there is nothing much the matter." Set it down that a mother's alarm is not meaningless.

Never let a bore get a hold on you. Be on the lookout for bores always and discourage them in the start; if you don't, you will want to change your location to regain your freedom.

When a patient's pains are the kiama of his own follies, when you tell the truth to him he will know it is the truth, but ten to one he will remark to his cronies that you are not much of a doctor.

Most people would rather take five pounds of pills and be sick for a year than to swallow four raw eggs per day and remain well. This applies to the run down, overworked anaemic patient with "nothing very much" (?) the matter.

When called to a fever too early for positive diagnosis, it is well to say, if asked: "Well, perhaps the treatment will bag this fever before it feathers out," in which case it may have been pneumonia or typhoid or something else.

When you meet the man who has been getting so much fun out of life that his blood vessels are beginning to thicken, tell him for the fun of it how much of a fool he has been. Point him out as a warning to the youth who is beginning to imbibe.

My neighbor was a cigarette fiend, also consumptive. I prevailed on him to quit, and the pipe gave him gastritis, and I urged him to quit that. Now he smokes cigars and disease has advanced to his pocketbook. Tobacco makes of a man a little worse fool than he would be naturally.

The meanest families in the world to treat are those in which more or less cheap wine, beer or whiskey is doped and considered a necessity. A weak head complicated by a weak stomach is the toughest piece of confusion I ever ran up against. You can pump neither "physic" nor sense into them, while puking, with them proves past all argument that the doctor and his medicine are N. G.

THE CARE OF HYPODERMIC NEEDLES.

By R. F. Vaughan, M. D., Sailor Springs, Ill.

I will try to give some of my brethren a few useful hints which experience has taught me. I offer a word of advice about the care of hypodermic needles. If you will spend ten cents at some music store for a spool of wire violin string (the E) you will have steel wire enough to last a life time; remember the spool wire E is a shade smaller than the single length E that you find in stores. Cut off about a foot of it, draw a knot in the end around a tack. Drive the tack in your shelf and after you have used a needle insert the wire through it, and sweep the needle up and down or back and forth once or twice, wiping the wire with antiseptic gauze at the same time or even with the fingers, puts a dry bright burnished surface through the bore of the needle; and you find it ready for use when it is needed. I

have known one needle to last for more than one year and used three times a day; and still seemed to be in good condition. When a little lint or other obstruction chokes the needle, patient boring and drilling by twisting the needle on the wire, generally soon opens the hole and allows the wire to pass through.

You may cut off another length of a foot or more, take a small tin box the size of a dollar or less, fasten a piece of hard wood in the bottom of the box, draw a knot in the end of the wire, let it pass through the stick wedged across the bottom of the box. Take the box in your teeth or between your knees, and cleanse your needle as before, when the wire was fastened to the shelf. After you have used the box wire coil it round and round in the box and put the lid on. You can then carry it with you in your pocket or purse as a coin.

Needles may be sharpened by using a piece of a broken slate dressed out one-half inch wide and two or three inches long; this can be carried in a memorandum book or anything of the kind and used as a whet stone for the needle points. I expect to make other suggestions in the next Recorder.

MEDICAL COURTESY.

By C. E. Boynton, M. D., Los Banos, California.

When a patient leaves you to employ another M. D., for goodness sake don't pass him by on the street without recognition! Make it in your way to notice him kindly and make him feel that you are above taking offense in so small a matter.

When a doctor locates in your town and gets some of your practice don't squeal but when you meet him keep the green look under cover and carry your good nature in the foreground.

Probably all men are narrow in some respects but narrowness becomes conspicuous when jealousy shapes itself into action.

A doctor's mission upon earth is: 1st to prevent disease, 2d to abort and alleviate disease and traumatism. It would seem that with purposes as grand as these, petty selfishness, jealousy and littleness would cease to be attributes of a physician.

However, strange to say some physicians who live upon the same street will scarcely speak as they meet each other. The laity takes advantage of this and many a bone comes and goes and the respective physicians pay liberal transfer charges and so it goes.

HINTS ON TYPHOID.

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

In nocturnal delirium belladonna 5 drops, less for children, every four hours is efficient. Hyoscyamus every few hours, alternated with hydrobromate of hyoscine $\frac{1}{60}$ to $\frac{1}{100}$ gr., is efficient. This is better than morphine or codeine in insomnia and delirium. For weak heart atropine is good, but nux vomica and strophanthin are better. Hyoscyamus is a splendid hypnotic and anodyne and strophanthin is a fine remedy in weak heart. To procure asepsis of stomach and bowels sulpho-carbolate zinc is good, 2 grs. every three hours. Borax is good to correct offensive odor of stools, 2 grs. every two or three hours. Salol is also good. Baptisia tincture is a splendid antiseptic; so is thuja. Ecthol is also a fine antiseptic in teaspoonful doses three or four times a day. Bryoni alba 10 drops every three hours in first stage is better than calomel. For profuse sweating atropine $\frac{1}{100}$ gr. is good. Strychnine is very good for sub-sultus tendinum. Blood in the stools indicates silver oxide good particularly if ulceration is present.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

VERATRINE.

By William F. Waugh, M. D., Chicago, Illinois.

Of the veratrum group veratrum viride has won the strongest hold upon the medical profession, whose confidence in it has not been shaken by adverse reports, the introduction of German synthetic antipyretics, or even the dreadful accusations of "eclecticism" and "homeopathy." The alkaloidal representative of the green veratrum is assumed to be veratrine. We propose to examine this question, and ascertain whether this substance really represents veratrum viride therapeutically; and if not, whether either of the other bodies extracted from this group of plants more nearly represents the desirable qualities. For the galenic preparations of veratrum viride are no exceptions to the rule that all plant-extracts, tinctures, etc., contain their active principles in uncertain and variable quantities and proportions, and hence are fatally wanting in the scientific precision of their application for the cure of the sick. Veratrum viride contains a little veratrine, pseudojervine, cevadine and veratralbine, with a good deal of jervine, and rubijervine or veratroidine. To the latter two its effects are mainly attributable.

Cevadilla contains veratrine, sabadine, cevadilline, sabadinine and Wright's veratrine. Of these veratrine alone has been studied carefully. The others have not as yet been shown to possess any other importance than as weakening the officinal veratrine by their presence in variable proportions. Veratrum album contains as its predominant alkaloid protoveratrine.

Jervine causes muscular weakness, sedates the reflexes, the heart and the lungs. It causes profuse salivation in overdoses;as well as violent tremblings, ending in convulsions, not tetanic, violent, but with debility. It causes neither purging, vomiting nor local irritation. The arterial tension falls steadily under its influence. It is thus a pure sedative to the heart, lungs, vasomotor and spinal centers.

Rubijervine is irritant, causes vomiting and purging, convulsions of milder degree, depresses the muscular force, the respiration, the heart to a lesser degree, and enormously raises arterial tension; but does not affect the vasomoter centers and powerfully stimulates cardiac inhibition.

Protoveratrine is locally the most decidedly anesthetic of the group, less irritant than veratrine or rubijervine. It depresses the heart and respiration even more powerfully than veratrine, and does not prolong muscular contractions. The action resembles that of aconitine more closely than does that of veratrine.

Veratrine is locally irritating to the skin and mucosa, with anesthesia following its application to the former. It increases the excretion of urine, perspiration and saliva. In full doses it causes vomiting and diarrhea, both bloody after overdoses. Taken internally it causes prickling and burning of the skin, especially of the toes, joints and fingers. It exercises a toxic action over certain forms of protoplasm, resembling in this quinine; and as the lymphatics are thereby rendered less hospitable to microbes, it may at-

tack the latter. Absorbed from the skin it may cause purging or diuresis. It depresses the heart and respiration strongly, and lowers the arterial tension, except in very small doses. It lowers the temperature from first to last. Toxic doses cause fibrillar twitching, convulsions, paralysis of the vasomotor, medullary, cardiac and respiratory centers and the peripheral inhibitory nerves. It prolongs the contraction of the voluntary muscles and antagonizes the sense and effects of fatigue in small doses The convulsions it causes are always tonic, tetanic, with cutaneous hyperesthesia or increased reflex excitability.

In chronic poisoning by veratrine the patient becomes weak and thin, with bloody diarrhea, insomnia and delirium.

The action of the crude drugs may therefore be summed up as follows: Veratrum viride slows the pulse directly by depressing the heart-muscle (jervine) and by stimulating inhibition (rubijervine); lowers blood-pressure by direct action on the heart muscle (jervine), or elevates it if rubijervine is in excess; and depresses the lungs (jervine and rubijervine), the muscular force (both), and the vasomotor centers (jervine). It causes vomiting and diarrhea (rubijervine), and salivation (jervine).

Veratrum album possessing both jervine and rubijervine, covers the above range of action, and adds to it that of protoveratrine; local anesthesia, still more powerful depression of the heart and lungs, and stimulation of cardiac inhibition.

Cevadilla gives the effects of veratrine, varying in degree with the proportion of this alkaloid present, but little influenced by the others.

Hare says that the safety of veratrum viride lies in the fact that it excited free vomiting and purging, long before the heart or lung paralysis is reached.

"When true sthenic arterial excitement is to be combated in any disease, except gastritis, veratrum viride may be employed as a prompt, thoroughly efficient and at the same time very safe remedy—very safe, since it is almost incapable of producing death in the robust adult. In the early stages of sthenic pneumonia, it offers, we believe, the best known method of reducing the pulse-rate and the temperature, and of lessening the congestion.

"In chronic cardiac diseases it may be used in precisely those cases in which digitalis is contraindicated—i.e., when there is excessive hypertrophy. Over-doses provoke vomiting, so soon and certainly that it is doubtful whether a robust adult could be killed by a single dose. (Wood).

Veratrum viride is the safest and best circulatory depressant that we have for use in adults. "The physiologic action is to be considered under the effects of its two alkaloids. (Wood).

Shoemaker recommends veratrine ointments for neuralgia, myalgia, zoster and infantile paralysis; chronic arthritis and acute gouty attacks; in pleurodynia, chronic pleurisy, alopecia circumscripta, chloasma and pediculosis. The officinal ointment is two or more times too strong.

Veratrum viride, Shoemaker advises in aneurism, exophthalmic goiter, early stages of pneumonia and acute visceral congestions; acute hemorrhage and mania, in plethora, in typhoid only with hyperpyrexia and active delirium, in tonsillitis, and to moderate traumatic abdominal inflammations. Phillips gave it for obstinate priapism.

Ringer says it is given for congestive headaches at the menstrual period.

Ringer applied the ointment for sick headache, when accompanied or followed by tenderness of the skin.

Turnbull found the ointment sometimes relieved rheumatic joints, also applied it over ailing hearts, with rapid irregular pulse, hurried breathing,

much lividity and dropsy, palpitation and inability to lie down. Here it acts as a diuretic.

Both Schmriedeberg and Liebermeister condemn the internal use of veratrine as a remedy; but Von Renterghem says: "One should not forget that the rise of arterial pressure or the great loss of heat by the skin occasioned by fever, mean something; for this increase of intravascular tension does not necessarily imply an increased oxidation in the tissues, as has been claimed. But it is certain that the state of depression of the circulatory functions occasioned by fever adds a very serious factor to the other causes of fever heat; and that veratrine, prudently administered, suppresses this state and with it its consequences. We possess in our arsenal no medicament as powerful, as sure, as manageable to combat fever, especially acute rheumatism and croupous pneumonia."

We have in this pregnant sentence the key to the uses of veratrine in febrile conditions. "It is especially in acute maladies that its action is powerful. Since its introduction in our hospital practice, there has been no fever or inflammation that we could not direct to resolution" (Burggraeve). "We have always succeeded, grace to it, in producing defervescence, in lowering the most intense fever, in conjuring an inminent inflammation, restraining its development, or mitigating its efforts. It has served us with equal success in typhoid fever, puerperal fever, pneumonia, the exanthemata, etc." (Von Renterghem).

A second indication for veratrine is found in its power of causing sedation of the cutaneous sensory nerves. Burggraeve called it "the refresher of the skin," and advised it in erythema, erysipelas, zoster, pemphigus, eczema, urticaria, phyctenular herpes. febrile aphthae, boils, carbuncles, and malignant pustule; in the latter with the cautery and other indicated remedies. Von Renterghem obtained success from veratrine in pruritic maladies generally. The sedative action of veratrine upon the nervous system renders it suitable in treating neuralgias, the violent pains of rheumatismal ophthalmia, and sciatica. The success following its use in alcoholic tremor, typhoid convalescence, multiple sclerosis (Feris), chorea (d'Oliveiro), and tetanus (Harris) may be explained by the action of veratrine on striated muscular fiber. Turnbull and Gintrac gave it in cardiac affections, arthritic and rheumatismal, and for palpitation.

In eclampsia veratrine may well replace the tincture of veratrum viride, which is today the most trusted remedy of the profession in this dangerous malady. Externally veratrine is employed in the form of an ointment, applied over the course of diseased nerves, with the object of producing analgesia, in various neuralgias, facial, lumbar, spinal and coccygeal.

The dose for internal administration is given as 0.0015 to 0.005 (gr. $\frac{1}{25}$—$\frac{1}{12}$) three times daily, and 0.02 (gr. $\frac{1}{3}$) per diem. It is little wonder that with such dosage this inestimable remedy has fallen into disuse, and gained the repute of a dangerous weapon. Many persons may be found who cannot take the smallest of the doses named without unpleasant effects. Except in eclampsia, the dose of 0.0005 (gr. $\frac{1}{134}$) should never be exceeded; and this, if given every quarter to one hour until the desired effect has been secured, will amply meet every requirement. In every sthenic febrile attack, let the bowels be emptied and the alimentary canal rendered aseptic; then administer veratrine, 0.0005, alone or with digitalin and aconitine, or whatever else is indicated. The speedy solubility of veratrine, its rapid elimination, and its power of unlocking every channel of elimination from the body, even when closed by disease that renders ordinary medication perilous, places

this remedy in advance of every other. In cirrhotic kidney, when $\frac{1}{8}$ grain of morphine or one grain of calomel may cause death, veratrine not only provides for its own elimination but renders the administration of other remedies safe. In eclampsia alone should the dose be exceeded. Here the local irritation following the hypodermic application of veratrine must be disregarded, and 0.005 (gr. $\frac{1}{12}$) given at once, in diluted alcohol, to powerfully stimulate elimination and save the brain from the imminent peril threatening it. In other forms of uremia, in diabetic and icteric coma, the same administration should be employed, with due watchfulness. True, the heart's force must be kept up; but that matters little if the brain is overwhelmed by the toxins. Veratrine and the normal saline solution meet the need better than any other known remedies.

Given internally in the doses recommended (0.0005 every quarter of an hour), veratrine should be continued until the first faint intimation of nausea is manifested; then withheld until this has disappeared, or until again indicated by the symptoms. If the stomach develops an idiosyncrasy against veratrine, codeine, 0.005, may be administered with a few doses, provided the pulse and fever show the antipyretic is still needed. When one has utilized veratrine, in this strictly scientific method of administration, for several years, and become thoroughly familiar with its properties, its tremendous power, its safety, its perfect manageableness, he can only hear with amazement the condemnation of this alkaloid by men who have good repute as therapeutists.

The choice of the alkaloids for various purposes would be as follows:

As a local anesthetic, protoveratrine.

As an antipyretic, veratrine.

As an antiphlogistic, veratrine when the excretions need stimulation, jervine when the stomach is irritable.

In tetanus, jervine.

In eclampsia, veratrine.

To depress the respiratory centers rather than the heart, rubijervine, especially if catharsis is also indicated and arterial tension should be raised. But when arterial tension should be lowered, as in contracted kidney, veratrine or jervine is indicated.

To depress the vasomotor centers, jervine or veratrine.

Veratrine in small doses is usefully combined with digitalin; since the former aids in increasing and prolonging the ventricular systole, while it combats the effects of digitalin in contracting the arteries and increasing the work of the heart, and in both ways veratrine would promote the diuretic action. Even in cases where marked failure to eliminate urinary solids coincides with a feeble soft pulse, the the use of veratrine has proved of value in unlocking the kidneys and relieving the headache, nervousness, nausea and anorexia. For this purpose 0.0005 two to four times daily suffices; if the dose is raised much above this the cardiac debility increases.

In threatened apoplexy, veratrine should be indicated, unless the induction of vomiting would be a danger, in which case jervine would be preferable.

Were we confined to the use of single remedies, a choice among these veratrum alkaloids would therefore be desirable; but since every purpose for which they are employed can be met by veratrine, with appropriate adjuvants and corrigents among the remedies usually carried in the pocket case or easily procured, there is really no necessity for any of the others, except in the case of tetanus, where jervine seems to be clearly superior. Veratrine, moreover, possesses the quality of especial safety attributed by Hare to veratrum viride, in that both

cause free vomiting and purging, in doses well inside those necessary to cause death by cardiac or respiratory depression. In comparison with veratrum viride, veratrine possesses the advantages of uniformity in effect and strength, smallness of dose, quick solubility, absence of unpleasant taste, and is better suited for hypodermic administration, besides being more easily and safely carried in a little granule vial, than as a bottle of fluid, liable to leak, to break or to gain strength by evaporation of alcohol.

Finally, veratrine is less costly. The other veratrum alkaloids are listed by Merck at enormously higher prices, jervine costing nearly twenty-five times more than veratrine. And unless these agents came into such general use that they could be readily and quickly obtained when needed, it is obviously better to utilize veratrine. It would be awkward, indeed, to wait in a case of tetanus until jervine could be imported from Germany. Better acquire skill in the use of veratrine.

And this brings up my final conclusion in regard to the writers who have condemned the internal use of veratrine. It is simply impossible that they ever made sufficient use of this agent to become ordinarily familiar with its properties and clinical applications. If they ever used it at all, they gave a few doses in the awkward, unskillful dosage of the text-books, met with the results to be anticipated and quit then and there.

Externally an ointment of veratrine 0.2—0.5 to 25 grams of any desired base, may be employed.

Synergists: Aconitine as a defervescent, antiphlogistic and antineuralgic. Cicutine, curarine and digitalin, as to the action on striated muscle fiber, on the motor nerve ends and on the heart-muscle. Quinine and strychnine for the action upon protoplasm. Colchicine has a similar action on the sensory nerve ends, but in other respects departs too widely to be ranged in the same class.

Antagonists: Strychnine group against the respiratory and vasomotor paralysis, the debility and vital depression. Codeine sedates the gastric irritability, lowers topical irritation and renders veratrine better tolerated.

Chemical antidotes: Tannic acid, iodine, potassium iodide.

Physiologic antidotes: Stimulants, coffee, heat, rest.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee,

(Twelfth Paper.)

SULPHOCARBOLATES.

As the writer's experience has been confined to the sulphocarbolates of zinc and soda, no mention will be made of the other salts of this group.

We will take up, first the sulphocarbolate of soda, which may be obtained by mixing equal parts of pure carbolic acid and strong sulphuric acid, whereby sulphocarbolic acid is produced. The mixed liquids must be subjected to a temperature of 131° F. for several days and then twenty parts water should be added. Two parts of barium carbonate are mixed with the liquid, a little at a time, carefully graduating the quantity until effervesence ceases The liquid is now allowed to stand to permit the precipitation of barium sulphate and any carbonate which might be present. It is then filtered. The solution of barium sulphocarbolate is decomposed by adding sodium carbonate and the sodium sulphocarbolate may be obtained by evaporating the filtrate and crystallizing. The U. S. Pharmacopoeia describes this salt as in "colorless, transparent, rhombic prisms,

permanent in the air, odorless or nearly so, and having a neutral reaction, soluble in five parts of water and in 132 parts of alcohol at 59° F. in 0.7 parts of boiling water and in ten parts of boiling alcohol."

The zinc salt may be obtained by heating a mixture of carbolic acid and sulphuric acid, saturating the product with oxide of zinc, evaporating and crystallizing. It is officially described as in "colorless, transparent, tabular, efflorescent crystals, soluble in about twice their weight of rectified spirit or of water.

The sulphocarbolates, until of late, were regarded as inert. However, modern alkalometry is fast bringing them to the front as intestinal antiseptics. In typhoid fever they are the sine qua non. In ordinary cases with pea soup stools and frequent discharges the zinc salt acts best, because of its strong astringent qualities. With moderate diarrhea a combination of sodium and lime, two grains of each every two to four hours gives better results than either alone. Anyone doubting the value of the sulphcarbolates can be convinced of his error by giving them in typhoid with putrid highly offensive stools; two grains every two hours will soon render the stools odorless. In catarrhal conditions of the stomach and bowels, I have succeeded admirably well with the following:

℞ Zinc sulphocarbolate.
Soda sulphocarbolate, aa ʒi.
Water, ʒii.

Sig: A teaspoonful every two or three hours.

I have used the W-A. intestinal antiseptic with gratifying results. However, my experience has been limited with these. Some advocate the use of these in pneumonia. As a gargle in tonsilitis they will be found excellent. In gastro-enteritis with frequent acrid, deep green stools the sulphocarbolates will work wonders. In chronic gastric catarrh they will do you good service. In short, wherever an alimentary antiseptic is indicated, try the sulphocarbolates and you will not be disappointed.

ALKALOIDAL EXPERIENCE.

By M. G. Price, A. B., M. D.,
Mosheim, Tenn.

Camphor monobromate is a drug that is too little used. It is indicated in restlessness, delirium, etc., and especially in the eruption of the milk teeth. The indications for its administration are diarrhea, nausea, great restlessness, heat, sleeping with half open eyes, rolling the head, tossing and crying out with little sharp cries.

Remeruber strychnine in the coughs of the aged. Many old people are literally drowned in their own sputa. This remedy enables them to cough it up. To this may be added a little sanguinarine nitrate which will aid in the work.

In acute bronchitis we have several indications to meet. First, promote mucus secretion which may be done by the administration of apomorphine, lobelin and emetin; the first is of the greatest value. Second, we should attempt to moderate the cough; for this codeine is the most successful remedy. Next to this stands the inhalation of steam. If dyspnea attends we may give atropine combined with glonoin or we may use aspidospermine.

Remember calcium sulphide in bronchial and laryngeal troubles; in croup it produces immediate relief and is of great service in sufficative croups.

A patient comes to you complaining of hiccoughs which has lasted for ten or twelve hours, and you give him two granules of hyoscyamine and in one-half hour you hear no more of them. Did your remedy cure him? We did so and think so. Try it.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SEXUAL THERAPEUTICS.

Last year I wrote an article for the Recorder on the above subject. I have just received a marked copy of an Eclectic Journal published in Cincinnati wherein the editorial columns publish the article and then offer a gratuitous insult to the purport that as no treatment is given for the disorder under consideration, therefore there is a desire to secure a fee for the omitted information. The editor goes on to ask if I have anything better to offer than "the bromides, iron, phosphorus, quinine, nux vomica, etc. During the course of a long service in the volunteer medical literary field I have argued that the regular profession had offered very little, as shown by the standard text books, for the relief of the great army of sexual invalids and this is the first authoritative statement I have become cognizant of regarding the pegs the eclectics pin their faith to. And because I fail to mention how and with what drugs my claim that there is help for these cases I am branded as a commercialist while I am asked what better than the drugs named I have to offer. Now then, assuming that the eclectic school has found in the enumerated drugs all that is needed to cure cases of the kind under consideration, it only remains for us to briefly consider what these drugs will do and then pass rapidly to the consideration of a few drugs whose action actually favors the end aimed at.

First in the list comes that old favorite, that sheet anchor of the never-say-die crowd, bromide. Bromide is a quieter of the nervous center. It surely controls activity and it benumbs sensibility. It is an anti-spasmodic and anti-convulsant of recognized power. It has been given for years to control the supersensitive genito-urinary tract on the theory that if there was less sensitiveness the emission would not occur even though an erection did take place. In sufficient doses it probably accomplishes this end with more or less success. Its continued use—which, by the way, is certainly essential to a cure since the simple stopping of a few losses does not cure or remove the actual condition which causes the emissions—causes such disturbance of the stomach that, to say nothing of the acne invited, anything like a prolonged use is out of the question. Iron. quinine and nux are tonics, pure and simple, and why they are catalogued as remedies to cure a condition they do not remedy, since they only at best improve the appetite, aid digestion and so on, is clear past me. Phosphorus is a tonic to the nervous system and as such has held a strong place in the armamentarium of the regulars for a long time. It, however, has no action at all on the seat of disorder. It is a tonic. The use of all tonics in the face of a condition of unnatural action and state of the sexual organs is clearly a short-sighted effort at cure. Tonics are often employed to prevent a collapse in the face of shattered nerves and lost vigor of body but nobody looks for a cure from their use. Then of the enumerated list given by the spokesman of the eclectic school there is not a single drug that has any claim in the line of aiding nature to repair the damages done by sexual violators. It is not to be wondered at then that serious objection should be made to the omission of the drugs that offer any material hope. In the articles I have written from time to time I have

made mention of saw palmetto, black willow, viburnum and others but the fact is that the critic is like a large number of others who are content to edit and not read. It matters not what the effects of black willow are so long as you do not know what you want to do with it. Parke, Davis & Co. will be only too glad to send samples of all these drugs and any others they handle to those who are anxious to find out the virtues that lie in them. A postal card will bring literature enough for a month's reading. But still this is not enough. The whittlers, the "docs" who are content to trail, want the "formula you use."

It often happens that the victims of their own folly become convinced that there is no help for them and such are beyond the reach of all drugs. A mind diseased can't be cured any more than can a mind diseased through grief, worry, or any one of a dozen causes be reclaimed except it be under environments that offer greatest promise.

The greatest obstacle to the successful cure of this class of cases is the lack of appreciation of most medical men as to what is required or the steps in a cure. A patient will come with his plaintive tale of woe, told in humility and keenest remorse. He recounts a history of seminal losses. In fact, nine of ten will tell this and little more except on close questioning. Occasionally a varicocele that has challenged attention gets brief mention but the great bugbear is the losses. This is where the bromide fiend gets in his work. He tells the patient he will stop that all right and proceeds to load him up with a lot of the drug. He takes it and seems to be getting better. Of course, he has to increase the dose until by and by be is taking the limit and a cessation is needed to get the stomach to come back from a strike. In the interim the losses come on apace and doubt as to the efficacy of the treatment is felt. After a few runs up and down the trial board are made the doctor loses his case and it often happens in such a way as to convince him that he cured the patient up all right. In the meantime the patient tries another doctor, and another until finally he gets into the spider's web for good and then his wings are cut so close that it matters little whether he gets out at all. That very plan has been gone through with by regular doctors from time immemorial and now that it proves to be the plan observed by the eclectics, too, it begins to look as though the millenium was afar off if the sexual misfits and derelicts are to be in the procession.

Now let us note the effect of a few drugs that have not yet got into the almanac literature. The seminal losses can be controlled by the use of viburnum and black willow, although both are to be used with care since neither can be said to be safe to use without care and judgment. They can be given without inviting a skin eruption that will make an outcast of a patient. If given too long or too rapidly symptoms akin to impotence will appear and then war is again on. Star grass, squaw vine and saw palmetto are tonics to the sexual organs par excellence and so it goes. The man who will study the effects of the newer drugs will find that they possess virtues out of all proportion to the dangers so that most cases can be helped from the outset and cured in time. But when you essay to cure all cases or cure all with a set combination you are still in the kindergarden of the subject and while you may be can heap abuse and fling inuendous slanders at those you are enabled to reach through having a back door key to the editorial rooms of a little journal, yet the fact remains that the old methods of treatment are as they always have been, futile, and the new are promising, yet the field of sexual

therapeutics is as yet untilled. When the regular medical profession will appreciate the misery that attends those who learn at the shrine of abused Venus that effect keeps step with cause and that to restore abused nature is a task, a great work will have been accomplished. Degeneracy, crime and suicide mark the trail of abused sexual men and more's the pity so many try so hard to get relief at the hands of a profession that has done so little to justify the faith that is always reluctantly lost. Half the victims of medical sharpers are driven to their lairs. Men who endeavor through a study of conditions and investigate means for their relief are not always exempt from the suspicion of being actuated by wrong motives. I am well convinced that no greater harm can be done to the great army of sexual sufferers than to spread broadcast formulas, however beneficial they may be for certain conditions. The man who feels that the combination that benefits one patient will cure all who have some of the same symptoms does not need to go way back and sit down, for he is among the back counties now. Sexual invalids can all be relieved and with rare exception cured, but not by any machine-made, routine treatment.

J. A. De Armand, M. D.,
Davenport, Ia.

A LOOK BACKWARD.

AFTER PAINS AND OTHER PAINS.

Page 202, July number, Dr. Boynton speaks of treatment for "After Pains and Other Pains," I use some-times amyl nitrite inhaled and find it very good. It is a motor depressant; can be used per orem in doses 2 to 4 drops. It produces vascular dilation and lowering of blood pressure by paralyzing either the sympathetic system, the vasomotor or muscular arterioles, the last action like strophanthus. It relaxes the inhibitory apparatus of the heart, hence tumultous action of that organ, lowers body temperature, respiration is lowered from paralysis of the respiratory muscles and the ozonizing function of the blood is greatly impaired. There is flushed face, beating carotids, vertigo, intense headache. Amyl nitrite is prompt to relieve pain, but requires caution in its use. Inhalation of amyl nitrite in angina pectoris is of great use to relieve the great pain, a few drops upon a cotton cloth and inhaled. It lessens arterial spasm and if there is great rise to arterial tension it is very efficient. Spasmodic asthma, whooping cough, laryngismus stridulus are relieved at once. In tetanus it is indeed of great use relaxing the rigidity of the muscles and particularly the fixed action of the respiratory muscles. Do not claim it will cure this terrible disease but will relieve and aid in the cure. In dysmenorrhea it is very useful particularly in the neuralgic type.

Of late I have used heroin hydrochloride, $\frac{1}{16}$ gr., with satisfaction. Codeine, $\frac{1}{16}$ gr. to $\frac{1}{8}$ gr., is also good. Small doses of either should be used.

E. C. Rothrock, M. D.
Tennessee Colony, Tex.

BURNS

I note Bro. Rothrock gives in the January issue a very good resume of treatment for burns and scalds. If he will in his next case coat the surface with pure, full-strength carbolic acid, painting it all over the wounded surface and a little over the edge, the pain will cease immediately. All that is necessary as a dressing is to cover the parts with a light lot of cotton and then bandage to prevent injuring the parts, and in a few days a new skin will come under the white cuticle which will peal off. No redressing is needed.

Dr. Ben H. Brodnax.
Brodnax, La.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

TETANUS AFTER VACCINATION.

The recent experience of tetanus developing after vaccination emphasizes the necessity of looking upon vaccination not as a trifling job to be done by anyone, but as a surgical operation to be done under careful antiseptic precautions. Tests with the virus apparently at fault failed to discover the presence of tetanus bacilli or their toxins, and did not produce tetanus in animals otherwise very susceptible to it. There remains then only one conclusion, namely that the poison was introduced during the manipulations or even later, while avenues of absorption were not yet closed. The arm must be carefully prepared by scrubbing with soap and water and alcohol, antiseptics to be avoided, for they weaken or destroy the efficiency of the vaccine. The hands of the operator should be surgically clean, the needle or other instrument used for making the abrasion in the skin must be absolutely sterile, preferably made so by passing it through an alcohol flame. It is said that some physicians, when using glass tubes, expel the lymph by blowing through the upper end. That is dangerous practice and should be discontinued. Protection against infection from clothing, etc., seems to be necessary; it can be given by antiseptic dressing, applied after the virus has dried, just as carefully as after any other surgical wound.

THE PHYSICIAN AS LIFE INSURANCE EXAMINER.

Some twenty odd years ago, when entering upon medical practice, the writer was told by an older physician: "Young man, obtain appointments from insurance companies, it pays." Since that time I have been examiner for a number of the best companies in the U. S., also for some that proved frauds. I have given much thought to the requirements of the work, to the duties and responsibilities which it imposes, and to the relations into which it places the physician. Looked at from one standpoint, compared with the average returns from medical work, it pays. But it is for the most part a thankless job, such a burdensome task, that many of the best men will have nothing to do with it and that medical directors, both of the financially strong old line companies and especially of the fraternal organizations, have constant cause for complaint. As an examiner for life insurance the physician is put into a peculiar and novel position, he is made the judge between two opposing interests, that of the company and that of the applicant. The judicial mind is a gift possessed by but few men, the influences which sway judgment so many, varied and powerful, that but too many physicians succumb unwittingly, or, sad to admit, consciously. We all can tell of examinations made so perfunctorily, as to be hardly anything more than a clerical filling out of the blanks, of physicians who did not own apparatus for urinary tests or kept it in a state entirely unfit for use, of unsound risks accepted, because the examiner made auscultation and percussion without removing as much as the outer garments, feared to tell the truth and kept still about the intemperate habits of the applicant. Results: Disproportionately high mortality during the first few years after the obtaining of a

policy, in old line as well as fraternal insurance, and a growing belief among managing boards, that medical examinations are more or less a farce and a unnecessary financial tax. Incompetency and unscrupulousness of the medical examiner in the field can never be excused. But much of the blame belongs to the central body and the organization of the medical corps. There is the manner of appointments. It is true, all insurance concerns assert that the local examiner is selected by the medical director and will hold his position as long as he is satisfactory to the latter. As a matter of fact we know that he is chosen by the agent and loses his position, when he fails to please him or agents are changed. The tenure of an examinationship depends too much on the good will of the persons who cannot judge of a physician's fitness. Many companies have the completed record of an examination pass again through the hands of the soliciting agent. In one of high standing, for which the writer did work, the records were copied in books, furnished by the company for the purpose, by a young girl in this case, and kept in the agent's office, so easy of access that anyone who wished could read them over. Small inducement for the examiner to state plainly what he might have found. Letters to the medical director, we are always assured, will be treated as strictly confidential. But the instances are too numerous, where such confidential communications have leaked out and found their way to the agent's and applicant's knowledge. The company has been benefited to the extent of so many dollars, the confiding examiner has been damaged seriously with the agent and perhaps in his private business. Who cares? But the same man will probably not be caught a second time in the same way. Insurance companies, by reason of unsatisfactory and unfair dealings with local examiners, have only themselves to blame, if men who are conscientious and honorable physicians, prove themselves unreliable examiners.

No need af dwelling on the importance of the medical examination. The whole magnificent business of life insurance rests on it as a foundation and it does not seem possible that it can ever be dispensed with. The difficulties of ths situation, which are not by any means being disregarded by medical directors, might be overcome by the establishment of examining boards, after the manner of pension boards. Old line companies on the one hand, fraternal societies on the other might unite and organize in every city or county one or more such boards, composed of say three of the most carefully selected physicians, by whom each applicant for life insurance must be examined and passed upon. Certain practical obstacles would have to be overcome. The cost need not be increased or very little. Perhaps the paying of salaries to the examiners would be expedient. There would be a saving in expenses made necessary at present by competition, just as we see it done by combination in nearly every other line of commerce. Such boards, being unhampered by malign influences, could do just the medical work needed by the life insurance business, and effect a great saving in death losses. However feasible the proposed plan may be, something will have to be done to reorganize the medical departments of all insurance concerns.

THE ULTRA-VIOLET LIGHT.

The ultra-violet light from a rapid oscillation high-tension arc, for the treatment of skin diseases, is an important article by Dr. H. Walsham in the London Lancet. He has found that by passing the rays through transparent ice the rays have a greater chance of exerting their destructive action on bacteria.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

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MALPRACTICE.

Recently the well known surgeon, Dr. Thos. H. Manley, of New York City, was made defendant in a suit for damages by a patient who claimed part of a finger had been unnecessarily amputated. In court Dr. Manley proved the falsity of the claim and won the suit. In this case where an eminent surgeon in a great city was sued for malpractice probably no harm was done but had the same thing happened in a small city to a surgeon of less note, his reputation and practice would have been injured for the public would never feel sure of the facts of the case. This incident should impress upon every doctor who does any surgery, no matter how little, the necessity for protection. The best protection is a certificate in the Physicians' Guarantee Company which gives ample protection from malpractice. This is a solid company which guarantees to expend $5000.00 in defending any member against malpractice. Very few attorneys care to prosecute cases when this company takes care of the defense. The idea of this company is the right one, that a strong defense should be made so as to discourage such suits. A company which agrees to pay judgments does not give protection as such a proposition only encourages attorneys, who work up such cases on a divide up, to start suits. A malpractice suit hurts the doctor's reputation and what he needs is help to prevent such suits. Nearly every malpractice suit is unjust and unwarranted. If the profession will give its contracts to the Physicians' Guarantee Company malpractice suits will be a thing of the past.

A BUSINESS CHAT.

Renewals of subscription are coming in every day, but we urge all our subscribers to improve our offers and send their renewals. We send one thousand premium labels with every subscription, new or renewal.

Many physicians have improved our club offers made in the December and January issues. These offers are still open and any of our readers are welcome to improve them. You can get your periodical literature of us at about half price.

Our offer to bind the Recorder for our readers is appreciated by many who are sending their last year's numbers for binding. We bind a year's numbers of the Recorder in a nice volume, half leather and cloth, for sixty-five cents and return the volume by prepaid express or mail. The Recorder for 1901 makes a fine volume of 400 pages of practical medical literature by practical and prominent writers. We do not pay express charges on any other binding except the Recorder. When sending us unbound copies of the Recorder, they can be sent by mail at the rate of four cents per pound.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

CLINICAL HEMATOLOGY. A Practical Guide to the Examination of the Blood with reference to Diagnosis. By John C. Da Costa, Jr., M. D., Assistant Demonstrator of Clinical Medicine, Jefferson College; Hematolist to the German Hospital, etc. Containing 8 full-page colored plates, 3 charts, and 48 other illustrations. Octavo, 450 pages. Price, $5.00 net. Philadelphia. P. Blakiston's Son & Co., publishers, 1012 Walnut street.

The attention which is now given to examining the blood in accurate diagnosis has created a need for such a book as this which is the most practical and systematic of any work yet issued on the subject. This book, designed as a practical guide to the examination of the blood by methods adapted to routine clinical work, represents an endeavor to recount the salient facts of hematology as they are understood at the present time, to correlate certain of these facts with familiar pictures of disease, and to apply them to medical and surgical diagnosis. The purpose has been to interpret the blood report according to its true value as a clinical sign, neither exploiting it as a panacea for every diagnostic ill, nor belittling it because of its failure consistently to give the sought for clue in every instance.

The methods of examination likely to prove useful in every-day practice have been described in detail, in the hope of thus simplifying the minutiae of blood-counting, staining, and other means of investigation. In the discussion of the primary anaemias peculiar to infancy, prominent clinical features other than those referable to the blood, have been briefly mentioned, in order to add clearness to the differential diagnosis. For convenience in reference, the various diseases included in the section on general hematology are arranged alphabetically, rather than grouped according to a traditional classification.

The greater part of the original data referred to in the text is taken from the records of the Pathological Institute of the German Hospital, Philadelphia, where a systematic account of all blood examinations has been kept for the past six years. The remaining data represent the writer's personal examinations in hospital and private practice and in the army medical service, these sources of statistics together including about four thousand blood reports in various pathological conditions. Hematological literature has been freely consulted in the preparation of this volume, and due credit in the text has been given to the authors of whose labors use has been made.

An additional noteworthy feature of Dr. DaCosta's book is its illustrations. Recognizing the importance of correct illustrative work in a book on hematology, the colored plates represent as exactly as possible the subjects as they appear to the eye, and have attained more than the usual amount of success. With the charts and numerous black-and-white reproductions the same care in preparation has been exercised.

The author well remarks in his introduction:

The rapid growth and development of hematology during recent years and the practical applications of many of its teachings to the diagnosis of various diseases have made this science one which no progressive medical man can afford to disregard. Examination of the blood gives definite clinical information which may be profitable both to the practitioner of internal medi-

cine and to the surgeon, and the procedure is capable of throwing light upon the diagnosis in such a wide range of pathological conditions that it is difficult to single out any disease in which it may not be of some utility, either as positive or negative evidence.

In the light of our present knowledge of the subject, clinical information of two different kinds may be derived from hematology, namely, findings which are pathognomonic of certain diseases; and auxiliary data which, if considered in connection with other clinical manifestations, may prove either essential or helpful in establishing the precise nature of a disease.

A Brief Manual of Prescription-Writing in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmacal Students. By M. L. Neff, A. M., M. D., Cedar Rapids, Ia. Pages v-151. Size, 8x5¾ inches. Extra Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This book first takes up the Latin noun and explains the declensions; then the Latin adjective and verb are explained as far as necessary for prescription writing. A chapter is devoted to a presentation of proper writing of prescriptions. A number of model prescriptions are given demonstrating the teachings of the book. A short Latin-English vocabulary and a list of Latin phrases, with their abbreviations is an addition to the work which will be found useful. The book contains a table of the most important instances of incompatibility and a table of doses. A number of blank pages in the back of the book are to be filled with favorite prescriptions which can be indexed and quickly found when wanted. If any medical student will copy in these pages the best prescriptions he gets at college he will find his book a great aid when he begins practice. The writer is so clear that any student or physician, though unfamiliar with the Latin language in a literary way, can write a correct Latin prescription. There is need for just such a book as this and it will be greatly appreciated by many who are not Latin scholars.

The Practical Medicine Series of Year Books, comprising ten volumes on the Year's progress in medicine and surgery, issued monthly, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume two, General Surgery, edited by John B. Murphy, M. D., Professor of Surgery of Northwestern University Medical School. Pages 515. Cloth, $2.00; the ten volumes $7.50. Chicago: The Year Book Publishers, 40 Dearborn Street.

The second volume of this series is really a treatise on modern surgery. Abstracts of the year's literature on surgery are given with notes by the editor. The year's literature on surgery is so large that it requires a good editor to select the best articles for abstracting. The articles presented give an excellant outlook over surgical progress of the past year. Dr. Murphy's reputation as a surgeon and writer is sufficient recommend of the value of the work. A very complete index makes the work useful for reference. The book is illustrated with thirty full page plates and nineteen other illustrations.

Studies in the Psychology of Sex. Sexual Inversion. By Havelock Ellis, L. S. A. (England;) Fellow of the Medico-legal Society of New

York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. Pages xi-272. Size, 8⅝ x 5¾ inches. Extra Cloth, $2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers and scientists. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This is the second volume in the series on "Studies in the Psychology of Sex" which will be completed in five volumes. There is no doubt that sexual inversion is but little understood by most of the medical profession. This book explains what sexual inversion is in both male and female, presents theories regarding it and gives conclusions as to prevention and cure. The reading of the book should be strictly confined to physicians and professional psychologists. To such it sheds much light upon many cases, which otherwise would not be understood. The book gives the histories of many cases, which has been criticized by some, but these case reports are necessary for an understanding of the subject. There is no book like this in the English language and many alienists, criminologists, psychologists and physicians will find it useful.

BOOK NOTES.

The February issue of The Ladies' Home Journal contains a most interesting and timely contribution, "My Impressions of American Women," by His Excellency, Wu Ting-fang, Chinese Minister to the United States. Clifford Howard describes Madame Modjeska's paradise of a home in Southern California, and Franklin B. Wiley writes of "The Summer Homes of Well-Known People," telling and showing where such famous folks as Paderewski and Marion Crawford and a dozen others spend the warm months. The fiction and departments are full up to their usual excellence.

Everybody's Magazine for February contains an unusual variety of good articles, "The Life of the Deep Blue Sea" by C. H. Townsend, is a profusely illustrated article describing many of the deep sea denizens, some of which have never been published before. "Anarchy" by Cesare Lombroso of the University of Turin, is a strong article. "Wild-fowl of Wild-fowl" by Herbert K. Job is a finely illustrated and instructive sketch. "Travelling One Hundred and Ten Miles an Hour" is a description of the monorail system by its inventor, F. B. Behr. The fiction of the number is good. "Belshazzer" the serial story of Everybody's is a powerful historical romance.

Country Life in America for February is an enlarged number of this beautiful magazine of the world out-of-doors, representing the new expansion of American life to the country. "In Garb of White," the frontispiece, is a remarkable picture of a New England woods road in winter. Among the leading features are "Skibo Castle," the summer home of Andrew Carnegie in the Scottish Highlands; "A Sniff at Old Gardens," by J. P. Mowbray, who treats of the vestiges of a past home life on the old Hudson River manors; and "Cuckoo," an illustrated poem of the woods, by John Burroughs. Other articles and superb pictures touch upon every side of country life.

President Charles F. Thwing, of the Western Reserve University, contributes to Modern Culture for February, an article entitled "What is a Good Teacher?" Albert A. Merrill, of the Boston Aeronautical Society, writes on "Mechanical Flight," giving reasons

for his belief that the aeroplane and not the dirigible balloon is the coming airship. "South Carolina's Dispensaries" are written up by Dolly K. Yancey. "The Vatican and its Treasures," by N. Hudson Moore, "Queens of America," by Mrs. Philip Fall King, "A Group of Chicago Violinists," by Graff Clarke, and "American Humorists," by C. A. Urann, are some of the other titles in a number of varied and exceptional interest.

Every month Lippincott's Magazine contains a complete novel. John Strange Winter (Mrs. Arthur Stannard), the author of February's novel, called "The Standings," needs no introduction to fiction readers. Lippincott's this month sustains its record for striking short stories. One of these, by Charles H. Caffin, is entitled "For the Honor of His Wife." Another by Percie W. Hart, "The Abracadabra Affair;" Owen Hall's tale, "A Dark Night's Ride." Captain Leslie J. Perry, late of the War Records Office at Washington, writes about, "Lincoln's Official Habit" (apropos of the birthday of Lincoln, February 22). This embodies some hitherto unpublished letters from President Lincoln to his Generals in the field, giving evidence of his punctiliousness, clearness and conciseness. The second part of Sidney Lanier's posthumous essay, "Music of Shakespere's Time," is excellent.

"Success" seems to have found an unlimited mine of wealth in the great mountain of inspiration, and each number of this interesting magazine brings to its readers many new phases of achievement for which it is distinguished. It is distinctly a magazine with a backbone, and its field is so wide that it seems to be destined to become the most sought-for publication of its kind in America. The February number has a strikingly attractive table of contents; it might be called the Lincoln Number. An article by Ex-Speaker Galusha A. Grow, a personal friend of Abraham Lincoln, tells, in a graphic manner, of Lincoln's most trying week in the White House, when he was waiting for the Union troops to save, or the Confederate troops to destroy the capital. Lewis Nixon, the proprietor of the Crescent City Ship Works at Elizabethport, New Jersey, where so many of the submarine boats have been built, contributes an ariticle which predicts how submarine boats wiil, undoubtedly, alter naval warfare. The number contains a large number of other interesting articles.

The World's Work for February publishes entire, for the first time in America, Rudyard Kipling's "The Islanders," which has raised a veritable furor of discussion in England. Frank Norris, in an article entitled "The Frontier Gone at Last," shows how the Anglo-Saxons have at last encircled the globe with conquest. Captain Mahan on "The Growth of Our National Feeling"; George Iles writes of Marconi's triumph. An intimate view of Dr. Lyman Abbott is given by Hamilton Wright Mabie, and the striking career and personality of Tom Johnson is described with particular reference to his work as Mayor of Cleveland. The consolidation of American railroads is described, with a colored map for illustration, by M. G. Cunniff. Among the other illustrated articles are: A description of the wonderful La Prensa, the Buenos Ayres philanthropic newspaper; a story by Arthur Goodrich of how the Connecticut farmers are growing tobacco under tents; a "Gaucho's Day's Work," by William Bulfin; Helen Lukens Jone's description of the greatest olive ranch in the world in California; the exciting experiences of the party who carried the United States mail farthest North in Alaska, by Dr. Francis H. Gambell.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Obituary—Dr. J. T. Eskridge, of Denver, died at his home January 16. He was a leader of the profession in Denver and was a neurologist of national reputation. His original work gave him a reputation in foreign countries as well as in this.

Dr. Hugo von Ziemssen, the celebrated clinician, died at his home in Munich January 21, aged 79 years. He was one of the world's great practitioners of medicine, and his books on practice are used the world over. He was a great worker and performed an immense amount of work, clinical, teaching and literary.

Vaccination and Tetanus—Dr. W. N. Sharp, of Indianapolis, Ind., reports in the Indiana Medical Journal, a case of tetanus following vaccination which shows that tetanus may occur for which the vaccination is not responsible. Dr. Sharp vaccinated a boy six years of age under aseptic precautions, dressed the arm with a light gauze bandage and instructed the mother to at once bring the boy back if the arm became sore. During the second week the arm was grasped by some one in play and the pustule broken. The mother then put on a dressing of her own which was not changed for a week. Symptoms of tetanus developed and when the doctor was called he found the dressing soaked in pus, filthy and stinking. A severe case of tetanus was a result of this improper dressing. The boy was treated with antitetanic serum and his life saved From the same lot of virus Dr. Sharp vaccinated forty children with no trouble in any other case. In commenting on the case he says:

This case of tetanus, to my mind, was due to the direct negligence and carelessness of the parents, as was the decision of the court in New Jersey in the cases between the families and the local Board of Health. I can readily see how tetanus can be conveyed by a hypodermic puncture as in the use of a hypodermic needle in the introduction of medicine or sera, especially when the physician becomes careless in his method of procedure, but I fail to see how tetanus can be caused by the simple method of vaccination, under aseptic measures. In the first place the bacillus is a strict anaerobic organism and cannot be grown upon a surface like a vaccination ulcer unless protected by a crust or other agent for excluding the oxygen, also the period incubation of tetanus is only about one week while in my case it did not develop till three weeks after vaccination, showing that the bacillus was introduced long after the vaccination was done. This may have been a coincidence however, and the cause may have been quite remote from the site of vaccination though none could be found.

Urethral Stricture — Dr. Robert Newman, of New York city, contributes an interesting article on the treatment of urethral stricture by electrolysis to the Journal of Advanced Therapeutics. His conclusion of the advantages of electrolysis are:

1. Electrolysis is applicable to all strictures in any part of the urethra.

2. Electrolysis will pass and enlarge any strictures, when other instruments or the skill of surgeons fail, which I have often demonstrated.

3. It causes no pain or inconvenience.

4. It is devoid of danger.

5. It is not followed by hemorrhage, fever or any other unpleasant consequences.

6. It relieves at once.

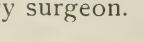
7. The patient is not prevented from attending his daily work or business, and can earn his living while under treatment without restraint.

8. No relapse takes place.

If operators are not successful, the reason may be found in some bad management, the cause of which can be traced to either:

1. The operator himself.
2. Wrong diagnosis.
3. Faulty instruments.
4. Meddlesome interference with the patient.

It must and will succeed in proper hands in every case that is intelligently and judiciously undertaken. The operation itself needs a clear head, steady hand, fingers which both see and feel, patience and combined expertness of the electro-therapeutic and genito-urinary surgeon.



Ophthalmia Neonatorum—Every practitioner should always take all possible measures to prevent this disease with its direful results. A neglected case means a blighted life and frequently a burden to the community. Every effort which the state can take to prevent the disease, is wise. Every state should have laws compelling medicines and nurses to at once report to a physician any trouble with an infant's eyes. The means which we have now of treating the disease, are so efficient and satisfactory that there is no need of blindness resulting from the disease.

In an article on the prevention of ophthalmia neonatorum, Dr. Lucien Howe, of Buffalo, (Philadelphta Medical Journal, January 18, 1902) whose name is so prominently identified with this subject, urges the enactment of laws which will make it compulsory upon the practitioner to adopt some form of prophylaxis against this disease, which is responsible for so many cases of blindness. He cites statistics by Kostling, showing that in 17,000 births where no prophylactic treatment had been employed, some trace of ophthalmia developed in over 9 per cent., whereas in over 24,000 children treated by the Crede method the number who developed the disease was only one-half of 1 per cent. The Crede method, however, has the disadvantage of always producing some pain and usually more or less conjunctivitis, while in a few instances it has given rise to corneal ulceration. According to the statistics of Piotrowski, in 1,030 children treated with a strong solution of boracic acid and 10 per cent. solution of protargol, not a single case of ophthalmia occurred, while slight catarrhal conjunctivitis was observed in only 1.2 per cent. Aside from the numerous favorable reports on the value of protargol as a prophylactic against this affection by European authors, the drug is preferred for this purpose by many ophthalmologists in this country, including Drs. Alt, Peck, Cheney, Fox, Hotz, Zimmermann, Converse and Todd. In commenting upon Dr. Howe's paper, the Philadelphia Medical Journal remarks editorially: "If we cannot reach the fons origo of ophthalmia neonatorum, we can at least save the offspring from a life of darkness and protect the community from a source of burden and expense. That this can to an enormous extent be accomplished by prophylactic instillation, need hardly be repeated, and its negligence constitutes a sin of omission that deserves commensurate punishment. The enactment of such a law is feasible, its interpretation obvious, and its enforcement not difficult, provided the ac-

coucheur receives the intelligent support of an intelligently instructed community.

Spinal Anesthesia—We present extracts from several reports on subarachnoid cocainization, which our readers will find of especial interest. Dr. H. L. Nietert, in his annual report of the St. Louis City Hospital, in the St. Louis Medical Review, states:

Spinal anesthesia was so universally used in the various hospitals that it was deemed advisable to give the method a trial at the City Hospital. It was therefore employed in five cases, two of which were labor cases and three were for minor operations on the lower extremities. Although our experience with spinal anesthesia was very brief, it nevertheless demonstrated its inferoity to general anesthia with chloroform and ether. In the two cases of labor it was found, firstly, to diminish the labor pains; secondly, to cause the patient to remove all voluntary assistance in the contraction of the uterus; thirdly, to prolong labor; fourthly, in one case labor continued so long that a second injection had to be administered; fifthly, the patient suffered greatly for twenty-four hours after delivery from headache, nausea and fever. One of the other cases was an old nephritic, who a short time after the anesthetic, was compelled to keep his bed continuously, and died three weeks after the operation from chronic interstitial nephritis.

The disadvantages of this form of anesthesia noted during our brief observations were: First, the quite extensive preparation of both patient and cocaine necessary; second, the danger of infection from the carrying of the bacteria of the skin into the spinal canal; third, the danger of piercing the spinal veins, causing hemorrhage about the cord; fourth, the consciousness of the patient during the operation and the great mental strain caused by it; fifth, the rigidity of the muscles, which would make this method very impracticable in abdominal surgery, as it would be difficult to retain the bowel in the abdominal cavity on account of the increased intra-abdominal pressure. This would increase the liability of general infection of the peritoneum in cases of abscess in any part of the abdominal cavity. Sixth, the disagreeable after-effects, such as high fever and nervous symptoms. No particular advantage of this form of anesthesia over that of chloroform and ether were noted. It was therefore discontinued.

Dr. J. B. Murphy of Chicago, in the volume on general surgery of the Practical Medicine Series of Year-books says:

From our experience with anesthesia up to date, including as it does a large number of injections done by a large number of men under varied conditions, favorable and unfavorable, the injections being done many times by men who had not seen it used, guided only by the more or less imperfect descriptions of the technic in the published articles, the following conclusions are reached:

1. That the preparation of the solution requires care, skill and a thorough knowledge of the susceptibility of cocain to chemic changes.

2. Solutions of cocain are not stable and should be prepared immediately before injecting.

3. The dry sterile crystals may be kept indefinitely in glass ampullae, and sterile water may be added to the crystals in the ampullae immediately before the injections; this is the safest and most practical method yet suggested for the preparation of the solution.

4. The syringe should have a glasss barrel, a tight piston with a minim graded piston rod.

5. The needle should be three inches in length, 9mm. in diameter and have a short, beveled point.

6. The needle when inserted should not be attached to the syringe.

7. The fourth lumbar interspace is the point of election for the insertion of the needle.

8. Spinal fluid should escape through the needle before the injection is made; the loss of this fluid plays no particular role.

9. The cocain solution should be injected slowly, consuming from twenty to thirty seconds.

10. A 2 per cent. solution gives the best results.

11. From eight to twenty minims should be injected, fourteen minims being the average dose for adults.

12. The puncture opening should be immediately sealed.

13. Analgesia is produced in from six to twenty minutes after the injection and lasts from thirty to ninety minutes.

14. The analgesic area may include the entire body, but it is not safe to estimate that it will extend above the clavicle.

15. The symptoms of nausea, vomiting, pallor, profuse perspiration, increased frequency of pulse, diminished arterial tension, cephalalgia and vertigo, may one and all occur, usually in the order mentioned, but they are not severe and rarely cause alarm.

16. Caffein and strychnine should be at hand, the same as when chloroform or ether is given.

17. There is no permanent ill-effect to the cord or meninges.

18. In a few cases death has probably been due to the cocain, and it is surprising that there have not been more deaths, considering the potency of the drug, the known idiosyncrasies to it, and the lack of experience of those using it. Undoubtedly many of the ills charged to the cocain are due to other causes. That it is a safe practical, efficient analgesia for a large number and variety of operations below the mammary line must be conceded. That it is safer than general anesthesia in obese patients, in those with arterial sclerosis, those with pulmonary lesions and renal disease is the concensus of opinion of the majority of those most familiar with its use. In operations for the acute infective lesions of the peritoneum, and for intestinal obstructions, spinal cocainization should be the anesthetic of election.

Dr. Paul Reclus, of Paris, in concluding an article on the spinal use of cocain in the last volume of International Clinics, says:

It therefore appears that there are six, and may be seven or eight, cases of death in a total of less than two thousand spinal injections of cocain. This is an enormous proportion, enormous both in an absolute and in a relative way. Our authorities give one death in two thousand three hundred cases for chloroform, one in seven thousand for ether, and none in seven thousand for the local use of cocain, according to my personal statistics, which has now reached this large figure. For this reason I am surprised to find no mention of the catastrophes in Tuffier's monograph, although it is a recent publication, having appeared at the end of January, 1901. Tuffier appears to think that the lumbar injection is free from all harm.

In the presence of such a state of optimism, it is necessary to sound a note of warning. Although I quite agree that the method should be further tested. I think, with Bier, the inventor of the method, the lumbar injection gives a less degree of security than our ordinary anesthetics; so that until further proof is furnished, ether, chloroform and the local use of cocain cannot without injustice and danger be dethroned, even partially, from their present eminence.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

SOME OBSTINATE BLADDER CASES.

By George W. Hopkins, M. D., Cleveland, Ohio.

John C——, aet 31. Occupation, patrolman, following exposure, patient experienced bladder symptoms as follows:

Frequent urination, tenemus, hypogastric pain and a temperature of 104.4 degrees.

The urine was scanty, turbid and loaded with mucus. Diagnosis, acute cystitis.

Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks. The acute symptoms promptly subsided, but the urine continued abnormal despite the general measures employed and the internal administration of urinary antiseptics. Irrigation with boric acid solutions of varying strength proved unsatisfactory, as did also solutions of potassium permanganate and silver nitrate similarly applied. A twenty per cent. solution of glyco-thymoline was then substituted for irrigation, and the improvement was marked and continuous until recovery was perfect.

Harry R——, aet 43. Occupation, bookkeeper. Had a history of bladder trouble of several years duration. His urine was blood tinged and loaded with mucus. Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows. Repeated examination with the sound gave negative results, but a skiagraph taken with a high vacuum hard tube, revealed a small calculus which had persistently evaded the sound in previous examinations.

Lithotomy was performed and the calculus removed, but the urine failed to return to the normal. Irrigation in turn with boric acid, potassium permanganate and silver nitrate solutions, proved unsatisfactory. Glyco-thymoline irrigations proved satisfactory from the start and recovery was ultimately perfect.

William L——, age 55 Occupation, saloonkeeper. Had a history of repeated attacks of gonorrhoea which were never appropriately treated. Urine was voided with great difficulty, at frequent intervals and loaded with mucus. Reaction was alkaline and the microscope revealed an abundance of amorphous phosphates of calcium and magnesium, flat epithelial cells, disintegrating pus corpuscles and indigo crystals. Examination confirmed diagnosis of chronic cystitis to urethral stricture and hypertrophied prostate.

Catelectrolysis by the slow method removed the stricture and Bottini's operation relieved the enlarged prostate but the urine failed to clear up as desired The cystoscope showed marked changes in the bladder walls, but catheterization of the ureters yielded negative results. Appropriate urinary antiseptics were administered internally and silver nitrate solutions by vesical irrigation with only slight improvements. Irrigation with twenty per cent. solution of glyco-thymoline gave early and continuous improvement until recovery was perfect.

ANIMAL THERAPY.

Dr. Hamilton Forline, of Chicago, has just reported some interesting cases, showing some of the results he is securing with the Roberts-Hawley lymph compound. Among others, he reports a severe case of advanced tabes with optic atrophy, syphilitic origin. Treated four months and very markedly improved in vision, gait and strength. Romberg symptom less apparent, also anesthesia. Still treating. Tri-facial neuralgia. After three months' treatment very nearly free from all previous symptoms. Case had resisted practically all usual therapy prior to use of lymph compound.

Tabes with petit mal: Had had epileptic attacks daily. Treated five months and has had no epilepsy for four months. Tabetic symptoms all very decidedly improved.

Chorea of nine years standing: Muscular spasms almost continuous before treatment. Discharged after four months' treatment; eight to nine m., b. i. treatment. Patient still under observation.

Dr. Forline also reports that he has treated a case of very advanced tabes with optic atrophy for twelve months, and only during the last month did improvement begin. Now the patient is slowly but positively gaining in visual power, strength and nutrition.

GRIPPAL COUGH-LARYNGITIS-BRONCHITIS.

In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain; at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated, because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis and phthisis, where the cough is altogether out of proportion to the amount of expectoration, antikamnia-codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs, irritable throat, so commonly attendant upon influenza and la grippe, as well as in subacute laryngitis and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange, when we remember that nothing could keep up this irritation more than constant coughing. In more severe cases of bronchitis and in phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

CHLOROSIS.

By Dr. Ludwig Pohl, City Physician of Vienna, Austria.

The case here reported is the history of a girl, 16 years old, affected with marked chlorosis. The disease was of almost two months' duration and attended with general functional disturbance. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep alternating with sleeplessness. The patient came from healhty parents, had previously been always healthy, and menstruated for the first time in her fifteenth year, but scantily and ir-

regularly. Marked pallor of the skin and mucous membrane was noted; the lungs were normal. The area of cardiac dullness was enlarged toward the right side; blowing murmurs were heard over the valves, and a bruit over the jugular vein. The radial artery was very small and soft; the pulse frequently 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents.

The percentage of hemoglobin in the blood was 35 per cent; the number of red blood cells, 2,700,000 to the cubic millimetre. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate out-door exercise. She also took three teaspoonfuls of peptomangan Gude daily.

The increase of hemoglobin and of the number of red corpuscles is shown in the following:

	Per Cent. Hemoglobin	Red Corpuscles to the Cubic Millimetre
At the end of 1st week	45	3,260.000
At the end of 2d week	60	4,100,000
At the end of 3d week	70	4,500,000
At the end of 4th week	75	4,900,000

Before proceeding with the history of this case I would emphasize the fact that the number of red blood cells increased more than one and one-half million, while the increase of hemoglobin amounted to more than 100 per cent. Such marked improvement in the condition of the blood under the treatment with Gude's peptomangan was not unusual, but rather the rule in chlorosis. And it may be assumed with certainty that the above described effect is attributable to the high absorbability of this preparation as compared with the numerous other chalybeates, and, further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as a hematogenic remedy.

In the case under consideration there was a preceptible improvement in the patient's subjective and objective state. The existing disturbances subsideo gradually; the cardiac palpitation, loss of appetite, and sleeplessness disappeared, and after four weeks' treatment she was discharged cured.

INFANTILE PARALYSIS.

This affection of the anterior cornua of the spinal cord, which is of such frequent occurrence in children during the first three years of life, is fortunately amenable to treatment in so far that appropriate measures will do much to restore the functional activity of the affected portions of the cord and overcome the loss of power in the affected limbs. As the child usually first comes under treatment when the acute stage has subsided, the object of treatment is to maintain the general nutrition and circulation of the body and of the paralyzed limb. There is a remarkable unanimity of opinion among authorities as to peculiar therapeutic value of phosphorus and strychnine in this affection. Prof. Burney Yeo states that "the medicine best adapted to favor restoration of muscular power is strychnine." Prof. M. Allen Starr, the leading nervous specialist of New York, concurs in this opinion, and urges that strychnine should be pushed "until slight twitching of the normal muscles, or at least decided increase of spinal reflexes is produced." Prof. Yeo further states: "It is scarcely necessary to add that nutritious food must be supplied and appropriate tonics, such as the mixed hypophosphites, be given." Fellows'

hypophosphites is especially suited to these children; it furnishes sufficient phosphorus and strychnine in a form which best agrees with the stomach and which, combined with the other tonic and reconstructive ingredients of the syrup, speedily brings about the therapeutic effects of these remedies and institutes the general improvement in nutrition which is so much desired. Fellows' hypophosphites, as shown by long and varied experience, is more than tonic and reconstructive; it seems to replace to a large extent ordinary food when, for various reasons, the ability to take food is lacking.

BRONCHITIS.

Dr. Milner Fothergill, of London, insisted that the cough of chronic bronchitis is due to lack of tone, not only in the general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's glycerine tonic comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and anti-phlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's glycerine tonic comp. even in rebellious cases, are invariable and most pronounced.

INFLUENZA.

By T. J. Biggs, M. D., Soundview Hospital, Stamford, Conn.

Anna C., age 41, American. Diagnosis, influenza. Entered hospital Dec. 8, 1901. She was taken sick on the 7th, with a violent chill followed by a high fever and extreme muscular soreness. On entering the hospital her temperature was 102¾; pulse 106. She suffered constantly from nausea and vomiting. Nothing she ate could be retained. Her bowels had not moved in three days. She was put to bed, secretions regulated and an absosolute bovinine diet ordered. On the 9th, she developed a severe catarrhal headache, which became so extreme that she cried out with pain. I now ordered sprayed into her anterior and posterior nares a mixture of bovinine and salt solution, one-third bovinine. A short time after the spraying, the headache ceased, but she still had a constant sense of nausea. Nurse was instructed to give the bovinine every hour, ½ teaspoonful in lime water, and to spray the nares every three hours. On the 12th, the nausea had disappeared, and the patient had no headache. Temperature was 100, pulse 97. Still some muscular soreness. On the 16th, the bovinine was increased to a wineglassful every two hours, and a light general diet was allowed: the spraying employed t. i. d. At this time the temperature was normal, pulse 80; no nausea or muscular soreness. On the 17th, the patient was sitting up. On the 20th, she was discharged cured. In this case, the patient had none of the catarrhal conditions which usually hang on after an attack of influenza, and the chronic catarrh which she had suffered with had entirely disappeared. The heart's action was normal.

For influenzal bronchitis:

℞ Morphinae sulphatis, gr. ss
Potassii bromidi,
Potassii citratis, aa ʒij
Syrupi ipecacuanhae, ʒij
Succus limonis, ℥iss
Syrupi simplicis, q. s. ad. ℥iij

Sig.: Two teaspoonfuls every two hours. Dr. A. C. Griggs, Med. Times.

BRIEF MENTION.

Patience and persistence will conquer.

Be sure you are right and then never give up.

Use the maculatum suppositories for the cure of impotency.

Sodium succinate is useful in jaundice in five-grain doses.

The laboratory of the Bennett Medical College, Chicago, was burned Feb. 15.

The man who saves a little every year and safely invests it will be independent some day.

If you are not familiar with the merits of maltzyme, it will pay you to get samples and prove its value.

Dr. G. T. Jackson, of New York city, recomminds iodine and goose grease as a cure for ringworm.

A most efficient treatment for chronic inflammation of the throat is to use a warm spray of Tyndale's euealyptus solution.

Depend upon it, the best antiseptic is an active interest in human affairs; those live longest who live most.—Hubbard.

Use the maculatum suppositories, made by White Pond Lily Co., in cystitis, acute or chronic. They will not disappoint you.

If you treat fractures, you need the ambulatory pneumatic splint, Better write for prices to the Ambulatory Pneumatic Splint Co., Chicago.

A piece of white muslin tied round the bell handle of a house in Holland informs intending visitors that a case of infectious disease is in the dwelling.

In the treatment of whooping cough passiflora incarnata, Daniel's, will give great relief. It has the advantage over many other remedies in being safe.

Dr. Graves' tooth powder is used and recommended by leading dentists in all parts of the country. Our readers can get a supply of samples for the asking.

If you dispense any medicines, send for H. M. Merrell Company's price list. Any preparation with H. M. Merrell's name on the label can be relied on.

The popularity of lanikol with the profession is rapidly growing. The Lanikol Chemical Co., Milwaukee, will be glad to send you a sample and have you try it.

Large doses or the continued use of thyroids should be carefully watched. Several authorities have reported glycosuria as a result of too large doses of thyroids.

We always have a bottle of hydrozone ready for use. It is a most pure hydrogen per-oxide which can be diluted as desired.

Arsenic is highly recommended by high authorities in conditions where a

tonic alterative is indicated. Arsenauro is the form in which it should be used.

In the treatment of stomach diseases, Dr. Becker's compound digest has a large field of usefulness. Get some samples, try them and you will be convinced.

Sabalol spray is a most valuable preparation. It has been extensively used by specialists in nose, throat and ear diseases with gratifying results. Samples free.

Hydroleine is a reliable, palatable codliver oil preparation. It has been used by medical men for years with gaeat satisfaction. It is advertised only to the profession.

The French premier states that the decline of population in France comes not so much in a decrease in the number of births as from the terribly high rate of infant mortality.

It is claimed that a plant grows in Venezuela which cures leprosy. The secretary of agriculture has recently had specimens of the plant sent to Hawaii for cultivation and cxperimentation.

The Abbott Alkaloidal Co. offers free samples and alkaloidal literature to any address. If you are not using Abbott goods, it will pay you at once to get samples and see what results you will get.

Dr. Geo. Heaton, in an article on gonorrhea in the Birmingham Medical Review, says: Protargol is a proteid compound of silver, containing about 8 per cent. of silver. It is certainly very valuable as an injection when used in about a 1 per cent. solution, increased gradually to 4 per cent.

If you are not familiar with chiolin, send at once for a free sample to the Hope Chemical Co., 484 LaSalle avenue, Chicago. It is a very valuable preparation and is used by leading practitioners.

Prof. Joseph McFarland, of the Medico-Chirurgical College, Philadelphia, is making a study of cases of tetanus following vaccination. Any physician having such cases should send him the case histories.

Dr. A. Blodgett, of Benecia, Cal., writes: I used sanmetto in a case of a man 78 years of age, recovering from la grippe, troubled with frequent micturation and chronic nephritis. The result of the agent was completely satisfactory. Have used it since in cases of irritable bladder, with pleasing results.

Dr. Paul F. Munde, of New York city, died at his home Feb. 7, aged 55 years. He was born in Germany, but was brought to this country in early childhood. He graduated at Harvard Medical School in 1866 and spent several years in Europe in post graduate work in obstetrics and gynecology, in which special work he was very successful.

The prevalence of small-pox makes its therapeutics of especial interest at this time. Unusually good reports are being received of the beneficial action of ecthol in small-pox; it is given internally and applied externally. Any physician having cases of small-pox can obtain free samples of ecthol and an interesting booklet on small-pox by writing to Battle & Co., St. Louis.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. V. JANESVILLE, WISCONSIN, MARCH, 1902. NO. 3.

LEADING ORIGINAL ARTICLES.

ANAL FISSURE

By Charles C. Miller, M. D., 410 Second Street, Memphis, Tenn.

Some time ago a young man consulted me for the treatment of piles, telling me that two physicians, whom I know stand high in their community as practitioners, had prescribed for him, after giving him to understand that this was the nature of his rectal affection. Though astonishing to relate in both instances the diagnosis was made without an examination and the ever ready ointment was ordered in consequence. Upon what grounds they had based their opinions, I am at a loss to know, for a very cursory verbal examination revealed symptoms absolutely foreign to haemorrhoids, internal or external, yet nevertheless no question can be raised as to the sincerity of the opinion of at least one, for he had prescribed a notoriously dangerous, useless proprietary preparation. How these physicians could have ignored a typical history and symptom complex of anal fissure had they possessed the veriest knowledge of this exceedingly valuable and most interesting branch of medicine and surgery, is beyond my conception and defies an explanation on my part. Such, nevertheless, is the present status of rectal surgery among many practitioners, yet these cases with a moderately thorough knowledge of the subject are usually easy of diagnosis and with the exercise of a little care, quite as easy to cure.

The young man volunteered the following history, typical in every respect: For some time he had been subject to periods of constipation, due to neglect on his part, sometimes in which he would go several days without an action. He was afraid of the use of cathartics or laxatives to overcome this, but would frequently go to stool and make violent attempts to have an action. Finally after an extra severe attack, he succeeded in having a very firm action, which was accompanied by some pain, and an inspection of the fecal mass showed that the latter part was tipped with blood and a few drops were found upon the detergent. There was a sense of soreness and a short time after the action he noticed somewhat of a pain in the region of his rectum. After this it rapidly increased in severity, coming on about fifteen minutes after passage of the

stool. As it increased, pains occurred radiating down the thighs and to the loins until he dreaded an action, and afterwards in four instances he was obliged to secure hypodermics of morphia from as many different physicians while making a short trip. The description of the torture he suffered for hours after an action was elaborate, yet he had consulted six physicians, four it is true without the object of securing permanent relief, yet before administering morphia every physician should form some idea at least of the cause of the suffering; so had these men any conception of the symptoms of fissure, they would have promptly recognized it and applied measures for its cure before allowing him to depart.

By placing the patient upon the table, separating the buttocks and the anal orifice, the slight tear in the mucous membrane was clearly visible. Now, several methods of treatment are open to us in these cases. The first which was applied in his case consisted in dilating the sphincter as much as he could comfortably stand, and then trimming the edges of the laceration, cleansing with peroxide of hydrogen or some other antiseptic, and allowing him to depart for the day. The patient returns daily until the lesion is healed or until it is demonstrated that this is not likely to occur. If such should be the case, probably the next best method is the division of the fibers making up the floor of the lesion. This will divide the fibers of the sphincter which have contracted upon the fissure and caused the pain. The part being put at rest, healing will take place. Another important feature in all treatments of fissure, is to keep the bowels thoroughly open. This acts upon a principle not usually recognized. Many believe that the good is, it prevents the passage of large masses through the anus which mechanically irritate, but this is not the case, If you have ever had the opportunity to make an examination of the rectum of one suffering from a severe diarrhoea, the sphincter is at once apparent, where as if you examine digitally the rectum of a constipated person, it will be found firmly contracted. In fact, I feel so sure as to the truth of this observation that I would wager that I could tell the condition of a man's bowels by such an examination without ever asking him a question. This I believe to be due to a peculiar nerve relation between the sphincter ani and the intestines. The sphincter in a state of tonic contraction is influenced to the degree of contraction by the extent of peristalsis present, for if you take a patient suffering from constipation, no matter what the cause, there is a closely contracted sphincter, whereas the patient with a diarrhoea will have a relaxed sphincter. The diarrhoea does not mechanically dilate the sphincter and relax it, for we all know that it requires less relaxation to allow the passage of liquids than solids. In chronic processes the degree of contraction or relaxation corresponds to their relative conditions, though in acute processes before they have existed, for some hours the reaction is not so marked. The tonic character of this relation explains how a divulsion of the sphincter thoroughly performed under anesthesia has such a beneficent effect upon a functional constipation. But I will not enter further in this interesting subject, as it is a distinct digression from the character of this paper.

The method of treatment, of which I will speak, is by far the best, but though most effectual, it is of greater value to the specialist and surgeon, as it calls for an anesthetic which is not infrequently a great objection to patients consulting the practitioner. The procedure consists of a through divulsion of the sphincter, paralyzing it

for the time and allowing the parts to heal while completely at rest. This spasmodic contraction of the sphincter has been the cause of non-healing, consequently the treatment by this method, removing the cause, is theoretically, as well as practically, the most effectual.

The procedure can be variously performed, either entirely with the fingers or thumbs or by the use of one of the larger rectal speculi. For purposes of simplicity, the procedure with the fingers alone will be described first. The patient is anesthetized to the surgical degree in the Sim's or lithotomy posture; the index fingers are introduced into the anus, back to back, and then gradually separated. As the muscle gives under the pressure the middle fingers are also introduced and the massage continued until the muscle is completely relaxed. If no undue force is used the muscle will give way without rupture of the fibers. This is a point of great importance. Not infrequently we see the statement that the sphincter in the female of certain types cannot be as freely divulsed as the male, but if we mean simple paralysis of the fibers temporarily, this is a mistake, for it can be safely done to this extent in any sphincter; though if we rupture the fibers in part in a naturally weak muscle, this is dangerous and liable to result in incontinence.

Instrumental divulsion has one serious objection, which causes it to be greatly in disfavor in my opinion. This is the inability to feel the gradual giving way of the mnscle when using any of the metal speculi for the performance of the procedure. Whereas in the digital divulsion this is so plainly and distinctly apparent. In strong sphincters partial divulsion with one of the larger speculi forms an excellent means of lightening or rather facilitating divulsion, which is completed digitally.

I have made no attempt to cover the subject of anal fissure in this article, simply describing a typical case and its treatment by the most effectual means. Before closing I wish to insist that my readers remember the following: If you have a pain in any region related, connected or adjacent to the rectum and the cause is not absolutely assured, look closely for anal fissure. If you have a case of severe vesical tenesmus without obvious cause, look closely for anal fissure.

TREATMENT OF DYSPEPSIA.

By George J. Monroe, M. D., Room 30, Courier-Journal Building, Louisville, Ky.

In my former paper* upon dyspepsia, I did not give all the causes of the disease. I only referred to those causes which were the most frequent. A large book could be written upon the causes of dyspepsia, but although the causes are different, we only have the two types, nervous and functional. Very often the two are combined, for a nervous dyspepsia will soon become functional.

The first object in dyspepsia is to seek the cause and remove it. Medicines directed towards the local trouble will be ineffectual until the cause is removed. If the cause is gotten rid of, very little medicine is necessary. We must therefore carefully study the case until we become satisfied where or what is the cause, then we should direct our efforts towards the removal. If it is from nervous excitement, we must labor to have our patient cease from that which is inducing the nervousness. If from rapid eating or hurry, he must eat slower and thoroughly masticate his food. This new Chicago idea, of eating his different courses at different houses, would be

* See page 35, February, 1902, Recorder.

a good one for a dyspeptic. He would have the exercise in going from place to place. If from irregularity in eating, he must be made to eat at regular intervals. If from sedentary habits, more exercise must be taken in the open air. If from impure air in his office or workshop, better ventilation must be instituted. If from poor cooking, we must try and have our food better cooked. If from adulterated food, we must labor to obtain a pure food. If from the injurious habit of masturbation, we must insist that the habit be stopped or only indulged in once a week, If from frequent sexual intercourse, this must be reduced, or for a time stopped altogether. I believe that sexual intercourse can be indulged in twice a week without doing any material harm. If from malaria or an inactive liver, the malaria must be gotten rid of and liver set to work. It is necessary some times in malaria to change climate to get rid of it. If from the use of alcoholic stimulants, their use must be stopped or the quantity greatly reduced. Alcohol is more apt to produce stomach troubles, if taken when the stomach is empty. This is one reason why the English people are less afflicted with dyspepsia than the Americans. They take their alcohol after eating, while we take it before to give us an appetite. When the stomach is paralyzed from alcohol, it will not digest well. The gastric juice is reduced. We are almost always met with irregularity of the bowels, usually constipation in dyspeptic cases. We must therefore get rid of the constipation. If the dyspepsia is produced from any other cause, which I have not mentioned, we must get rid of it.

For an inactive liver, nothing in my opinion takes the place of calomel.

We may give:

℞ Calomel, gr. vi to viij.
Sodii bicarb.
Sacch. lactis, aa gr. xxx.
M. Make powders six or eight.
Sig. One every hour or two.

When calomel is taken at any time, it is well to follow it with a laxative. I am in the habit of prescribing one or two seid itz powders or a tablespoonful of castor oil. This may be repeated every seven or eight days for six weeks. We may use, I believe, something which takes to a certain extent the action of the calomel every alternate week. I mean the phosphate of soda. Take of this one heaping teaspoonful in a glass of hot water two or three mornings in succession. It does unquestionably act upon the liver. The phosphate of soda is very good likewise in overcoming constipation. What is better for this purpose, however, is the cascara sagrada. A good combination is:

℞ Fluid ext. cascara sagrada, ʒi.
Glycerine, ʒi.
Tr. gaultheria,
Tr. cinnamon,
Tr. lemon, aa ʒ.
Sig. One teaspoonful sufficiently often to keep the bowels regular.

Generally taking this amount two or three times a week is all that is necessary.

We often find a poor appetite in dyspepsia. I believe we always find a varied appetite. Sometimes a craving for certain kinds of food and a loathing for others. There is no regularity, but the greater portion of the time the appetite is poor. I find the bitter tonics good for this. One prescription I use often is:

℞ Fluid extract taraxicum,
Comp. tr. cinchona, aa ʒi.
Infusion of gentian, ℥vj.
M. et Sig. One tablespoonful after meals.

There is probably nothing better

than sulphate strychnine or nux vomica.

℞ Sulph. strychnine, gr. 1, or
Ext. nux vomica, gr. x.
Ft. pills, 60.
Sig. One after meals.

I do not find the pepsins of as much use as we would suppose. I am not using them very much. If any is to be used, the old lactopeptine, five or ten grains after a meal, may be taken.

Bathing I consider very useful. This is especially so in plethoric patients. They may bathe every night before going to bed or in the morning after arising. They should bathe speedily in cold water, using a coarse towel in drying the surface. The towel should be used very thoroughly and continued until the skin is in a glow. In feeble or anemic patients bathing every other or every third day is probably sufficient. Perhaps it is best in this class to take the chill off the water when a patient first enters it, allowing cold water to run into it until it is cold. If some one else assists in the rubbing of these feeble patients, it is better. The days they do bathe the rubbing should be used. We sometimes have to use cod liver oil, maltine, syrup of the hypophosphites, etc.

Some of the mineral waters are beneficial. This is especially so if the patients visit the springs to partake of them. I do not think it makes much difference what springs they resort to, provided there is pleasant company and good cooking. The change from home occupations and duties, the rest from business worry and vexation probably does as much good as the waters do. However, they drink more water at these watering places than they do at home, and this of itself is of service to a constipated dyspeptic. I am of the opinion that the greater part of the human family drink too little water. Constipation can frequently be cured by partaking freely of water. A glass of hot water may be taken to advantage one hour before meals.

In regard to diet, about all I have to say is if a patient finds any kind of food is particularly disagreeing with him, he had better for a time stop eating it. I never knew anyone follow a system of dieting for any great length of time but what has become a dyspeptic. Eat of all things in moderation, is my advice.

I have not referred to the use of tobacco as being a cause of dyspepsia. I believe if tobacco is used in moderation in adult life that it does not interfere very much, if any, with digestion. I have thought some times that it has aided the digestive organs. I think children should not use it in any form. I cannot speak of the use of tobacco from actual experience, as I do not use it. But I have closely observed its use in others, and am of the opinion that if it is not used to excess that it does no great harm.

Tea and coffee, as a rule, should be used sparingly, and in nervous cases they had better be prohibited.

I have said nothing about washing out the stomach. I have never seen a case of dyspepsia benefited by the treatment. On the other hand, I have had patients made worse by its use. I have discarded its use. I am satisfied that massage of the abdoman, combined with Faradic electricity, does a great amount of good. It is the only way that I am able to cure a chronic constipation.

I have only touched upon the treatment of dyspepsia, but I am reminded my paper is already too long, so I will stop.

Blue or green urine is quite often reported and will frequently be found due to the eating of candies colored with aniline derivatives.

BROMOFORM IN PERTUSSIS.

By C. E. Boynton, B. S. M. D.,
Los Banos, Cal.

A few men, prominent in the profession, are declaring against bromoform in pertussis. Like a flock of sheep many are likely to follow: still the fact remains that bromoform is the best agent we have in whooping cough. One way to give it is to mix it with glycerine, simple elixir and water and use it with a medicine dropper in frequent doses so as to cause a flush or redness all over the body. Suppose our patient is three years of age. I should prescribe something like this:

℞ Bromoform, ʒss to ʒj.
Glycerine,
Simple elixir,
Water, aa ℥j.

M. et Sig: 20 gtts. in medicine dropper to be thrown in mouth of child every 20 to 40 minutes until redness of skin is observed.

Now this redness is very marked and is apt to give the mother a fright even when she is warned, but if the medicine is discontinued until the redness disappears there is no danger.

So much for bromoform, which, of all things, is the best agent we have to control the terrible paroxysms of pertussis; but don't depend on bromoform alone. Remember 1-6 grain granules of calcium sulphide may be used even at the rate of one every half hour until the system is saturated. True euquinine is invaluable if there is malaria, for malaria and pertussis is a bad complication, where calomel may be called for and phosphate of soda in solution with the syringe ready to help them if they fail to pass off promptly.

We may get the whooping cough patient that is a mere skeleton sometimes, when beside the above treatment we may rub with cod liver oil, give calcium hypophosphite in solution and combat the nightsweats with atropia: not forgetting albuminized water and nuclein.

Bromoform, by the way, once built up a good practice for the writer. This is not saying much for in twelve years he has built up eight practices with a living in all of them. As usual when we settled at Coffin Canyon every doctor thereabouts and everybody else said doctors could do no good in whooping cough, but your humble servant asserted to the contrary, having the year before used bromoform successfully in Head-Stone Gulch. It was not long before the bromoform, assisted by rational treatment for the particular case, got in its work and Dr. Doncumanfetchit and Mrs. Dr. Obstetorotabus had to hunt political sinecures and secret society pulls in order to keep their lick up in the swim of the local 400.

Now, after bromoform has rendered such good service in the experience of the writer, he dislikes to see it snowed under by the august spectacled frown of Prof. Nihilum Therapeuto.

Owing to the fact that shake labels were not used or observed in the dispensing of bromoform and prescriptions were compounded to be used every 2 or 3 hours and no warning was given to omit using the dregs of the bottle, cases of bromoform poisoning were reported, and then somebody suggested giving dropped doses on lumps of sugar. As to that the writer will make here the broad assertion that drop doses of powerful medicine are always dangerous as well as slightly old fogyish. When mixing a prescription of bromoform, see with your own eyes if it mixes and how quickly it precipitates. Here comes the advantage of mixing your own medicines. In fact, I feel a little distrustful of the prescriptions I am forced to write for. When I find anything precipitating, tasting badly or looking faulty, I throw

that away and mix some more or patch it up.

Now I know an M. D. who does not like me very well. He never could learn what it was I used so successfully in whooping cough. He tried to imitate the treatment and as a result two little graves lie side by side, hard by the deadly nightshade. Had I prescribed from a drug store, my competitor would have been onto the bromoform racket at once, but giving it away in Medical Journal!—It is safe he never will find it there.

POTASSIUM BICHROMATE AS A PHYSIOLOGICAL CELL MEDICAMENT.

By John Aulde, M. D., Kennet Square, Pennsylvania.

The therapeutic merits of potassium bichromate are not sufficiently appreciated, but clinical trial in suitable cases must prove convincing to the most skeptical. In the first place, it possesses valuable antiseptic properties, and second, being eliminated through the mucous membranes, principally of the upper air-passages, it acts as a stimulant at the points of elimination. In other words, the irritant action which it produces when given in small doses enacts the role of a cell stimulant, through its influence upon the molecular changes (vibrations), in cell structure. Given, a case of defective tissue metamorphosis (suboxidation). with failure in elimination, such as occurs in the later stages of an ordinary cold, and the administration of this remedy will produce most surprising results. The dry harsh cough subsides, and with it the expectoration of tenacious, ropy mucus; the costive habit is relieved, the bowels becoming free, with large, soft and offensive stools, when uneventful recovery ensues.

For the purpose of securing perfect recovery of cell activity, not only of the mucous structures, but throughout the entire organism, I have combined with this salt nuclein from anmal sources, since it is now a well known fact that catarrh of mucous surfaces is a concomitant and result of defective internal respiration. In fact, the evidences which warrant the recommendation of potassium bichromate for rheumatism are conclusive that the cases are not rheumatism at all, but merely symptoms of imperfect secondary assimilation, the cells being unable to appropriate the products of digestion, and thus a vicious circle is created which is self-perpetuating. And why do these cells become inactive and unable to perform their normal functions? My impression is that it arises from hyperacidity incident to the ingestion of carbohydrates—the particles of nerve protoplasm being unable to respond either to electrical stimulation or chemical stimulation, and showing no disposition to be influenced by the long waves of light or by heat, clinical deductions which seem to be warranted by the recent investigations of Hardy, Loeb and Mathews.

The clinical applications of nucleo-potassium in this class of cases may be briefly stated, as follows: Gastro-intestinal cataarh and diarrhea of the subacute and chronic types, the patients giving a history of impaired nutrition and indigestion with occasional twinges of pain rheumatic in character. There is also more or less cough, lack af appetite and loss in weight, and the appearence of malancholia marks the first milestone on the road to neurasthenia.

Nucleo-potassium is especially adapted to the treatment of catarrh of the upper air passages, deafness, laryngeal congestion with bronchial catarrh and capillary involvement. This note would be incomplete without special reference to the clinical advantages of

the combination in the treatment of acute capillary bronchitis, with gelsemium to subdue rapid pulse-rate and restore a normal condition of the secretions. With the addition of nuclein to the potassium salt, these vascular structures appear to respond more promptly to treatment, concurrent complications being met by the introduction of collateral or alternate treatment an indicated below.

For several years past I have had the following summary before me, using the remedies seperately or in combination, and generally with very satisfactory results.

Formula of Nucleo-potassium:

℞ Potassium bichromate, gr. $\frac{1}{34}$.
Nuclein, equiv. of Med. Sol., gttij.
(For one tablet triturate).

Medical properties. Alterative and eliminant in catarrhal conditions of the upper air-passages and in capillary involvement; gastro-intestinal antiseptic.

Indications. Croup, capillary bronchitis, naso-pharyngeal catarrh and deafness, with or without coincident catarrh of other mucous surfaces; intestinal sedative.

Dose. For adults, one tablet every ten minutes for an hour, then one or two tablets every two to four hours. A child five years of age takes a tablet every half hour for four doses, then at intervals of four hours.

COLLATERAL AND ALTERNATE TREATMENT.

Arsenic for skin diseases associated with indigestion.

Bryonia for rheumatic symptoms, also for chest pains in capillary involvement.

Brucine as a tonic, for children and delicate females.

Cactus for functional heart troubles with fatty infiltration.

Caffeine for intestinal catarrh with arterial relaxation, unless the condition of the hepatic function contra-indicates its employment.

Calcium sulphide in alternation for bronchitis, in sthenic cases

Codeine to allay cough at the onset of a cold, as a temporary relief.

Damiana conjointly for rheumatoid symptoms in the case of sexual debility.

Emetin in alternation for bronchial catarrh with liver engorgment.

Gelsemium conjointly for a cold in the head and in capillary bronchitis.

Nucleo-mercury in alternation for chronic diarrhea.

Pilocarpine for "dry" catarrh of nose and throat and for deafness.

Rhus toxicodendron in alternation for fugitive rheumatic pains.

Sodium salicylate for recurrent rheumatism, especially when it effects the stomach or intestinal tract.

Strychnine arsenite as a tonic-stimulant in convalescence with catarrh of mucous membranes, care being taken that the effect on the sympathetic nervous system is not sufficient to derange the equilibrium of the entero-hepatic circulation.

COUGHS.

By Dr. M. G. Price, Mosheim, Tenn.

These are the days of coughs and anything helpful will be appreciated. It may be that you have never had any experience with hyoscyamus in respiratory diseases. In the pneumonitis of infants it is very valuable on account of its general soothing influence and for its sedative effect on the cough and respiration. It is well used in bronchitis with short, sharp cough. A dry cough which is worse on lying down will be greatly relieved by its use. It is superior to opium in that it does not arrest excretion. Gelsemium is indicated in reflex and spasmodic cough and whooping cough. It is a power in asthma.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

NITROGLYCERIN.

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

One of the most valuable drugs is nitroglycerin. Its therapeutic action to relieve muscular spasms is prompt and often wonderful. In different persons there is a great difference in susceptibility to the action of this drug. A dose that would have little effect on some, would be very perceptible in others. The physiological action of nitroglycerin is very rapid, more so perhaps than any other drug excepting prussic acid.

It is one of the most powerful explosives in existance and was discovered in 1847 by Ascagne Sabrero, but not used for practical purposes until about 1864, when Alfred Nobel, a resident of Hamburg became interested in the discovery, assisted by his brother, who lost his life in one of their experiments. Alfred Nobel perfected a process whereby nitroglycerin could be manufactured with perfect safety. He also introduced the soaking of gun-cotton powder with it for blasting purposes. In 1867 Alfred Nobel conceived the idea of combining a substance with it as ashes or earth, resulting in what is called dynamite, smokeless powder. Most of the newer explosives are combinations of nitroglycerin.

The physiological action of nitroglycerin, trinitrin or glonoin produces vascular dilatation, therefor lowering the blood pressure by paralyzing the vasomotor centre, or the sympathetic system, by relaxation of the inhibitory apparatus of the heart tumultuous action of that organ is caused. It produces diminished sensation, motion and reflexes, and sensation of heat but lowering the body temperature and respiration by paralysis of the respiratory muscles though the vagi terminal branches and impairment of the ozonizing function of the blood. It produces severe throbbing pain in the head, a flushed face with beating carotids, vertigo; headache from the effects of the drug is intense frontal character and often persists for hours after the other effects have passed off.

Nitroglycerin is of great use in various kinds of convulsions. It is prompt to relieve hystero-epilepsy. In epilepsy when the aura is felt, inhalation of amyl nitrite one or two drops to abort the paroxyism, then nitroglycerin 1-100 gr. per orem or hyperdermically,

In puerperal eclampsia, nitroglycerin is one of the best remedies we have. During a paroxyism use amyl nitrite a few drops or chloroform by inhalation then when relaxation takes place nitroglycerin 1-100 per orem or hypodermically. It is an ideal treatment in such troubles as it lowers blood pressure, high arterial tension, relieves the heart, engorged blood vessels and congestion of the cerebrospinal system. It is of the greatest value in this disease, eclampsia, by equalizing the circulation or redistributing of the blood supply to the weak and pale kidneys that has been cut off by the abnormal condition of the renal ganglionic centres.

Nitroglycerin is one of the best drugs for that distressing disease angina pec-

toris and is especially useful when characterized by high arterial tension. To meet the paroxysms amyl nitrite a few drops inhaled then as soon as possible, nitroglycerin 1-50—1-100 gr. should be administered every fifteen or thirty minutes or continuously and used to a degree of tolerance when relieved, then it should be given three or four times a day as the patient can tolerate and the disease requires. Of course the higher the arterial tension, blood pressure, the greater the need of the remedy, but the tension of the vessels must be lowered and kept down. Such is the procedure in all such cases where the drug is indicated.

In the cold stage of intermittent and pernicious remittent, etc., inhalation of amyl nitrite to abort the attack, then nitroglycerin 1-50 or 1-100 gr. as indicated to prevent internal congestions. In migraine with pale face amyl nitrite inhaled, then nitroglycerin is of great benefit. In respiratory neuroses, spasmodic asthma, whooping cough, bronchitis, cardiac asthma, laryngismus stridulus, nitroglycerin has a selective action and is prompt to relieve. In chronic interstitial nephritis degeneration of the renal ganglionic centres, nitroglycerin will lower blood pressure and distribute the blood to the kidneys. It is an efficient remedy to relieve if not cure Bright's disease which is characterized with laboring heart, blood pressure, high arterial tension, dyspnea; nitroglycerin will give relief, reduce tension, combat the chronic renal condition, eliminate the poison in the blood, equalizes the circulation, relieve the high tension of the contracted arteries, produce vascular dilatation. Of course it should be used with caution as over dosing would produce untoward effects. In tetanus, we palliate with amyl nitrite when during the period of fixation of the muscles of respiration but get the patient as quickly as possible under the influence of nitroglycerin 1-50—1-100 gr. every fifteen or twenty minutes as indicated. In renal and gall stones colic, neuralgic dysmenorrhea, uterine colic, nitroglycerin is of great benefit and prompt to relieve. In spasms of stomach or bowels, in bilious colic, it will frequently relieve and that promptly. We give it in doses $\frac{1}{50}$, $\frac{1}{100}$, $\frac{1}{200}$ gr. tablets crushed, repeat in ten miuntes or every thirty minutes or every hour or two or three hours according to condition of patient as indicated. Nitroglycerin is one of the most valuable drugs for all spasmodic affections, but it should not be forgotten that it should be used with the greatest caution.

DUG UP.

By M. G. Price, M. D., Mosheim, Tennessee.

A combination of ergotin and quinine acts efficiently in intermittent fever. One half the usual amount of quinine will be sufficient. Ol. phosphorus gives excellent results in these intermittents. Of ten thousand cases of malarial disease in one half of which a careful record was kept, treated with picrate of ammonia, in only nine cases did the remedy fail, gr. ⅛, 1½, four or five times a day. Gr. ½ is the average dose. This remedy has this advantage over quinine, it is less expensive, the dose is smaller, it does not produce the unpleasant effects of quinine.

What we usually note as the beginning symptoms of acute bronchitis, tickling in the throat with dry hacking cough, we happily abort with a granule of:

℞ Camphor gr. ⅛
Hyoscyamin (amor.) $\frac{1}{500}$
Morphine acet. $\frac{1}{60}$
Al. capsici $\frac{1}{60}$

Two granules at a time every hour or so p. r. n.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

INSANE ASYLUMS FROM A GENERAL PRACTITIONER'S VIEW.

The writer visited not long ago a state hospital for the insane, a magnificent establishment, quite a village in itself, with its 1,100 patients and 250 employes. Nothing but admiration could be felt for the practical arrangements of the whole institution, buildings, heating, lighting, ventilation. Kitchen and bakery are models, supplied with all the latest improvements for the saving of time and labor and preparation of wholesome food. The wards airy and cheerful, well furnished and decorated, pictures on the walls, plants and flowers in abundance, beautiful lawns, gardens and playgrounds, making altogether surroundings far better than most of the inmates had ever been accustomed to before. The attendants in neat, clean uniforms, intelligent young people, free from any suggestion of brutality, an entire absence of appliances for forcible restraint, so much in vogue formerly. The establishment is indeed a model hospital, in keeping with the most advanced and humane ideas on the treatment of the insane, a credit to the state. Still a certain feeling of undefined dissatisfaction was left in the visitor. What was lacking? Thinking it over we concluded—a very intelligent foreign clergyman accompanied the writer—that a vital fault lies in the uniformity, the indiscriminate herding together of all classes of patients. Take for example a case which our attention was called to. Evidently a lady of birth and education, having had hallucinations of sight and hearing from childhood, she had been an inmate of various hospitals here and abroad. We found her reading a good book, on which she talked with considerable judgment and intelligence. She was in company with a lot of women of the very lowest extraction, with whom she could not possibly have anything in common, and under normal conditions would probably never have come in contact. But now they were forced upon her as her daily associates. Now, what chance of a cure or even improvement has such a patient? One of the assistant physicians told us of the great tendency to vulgar and obscene language manifested by insane women, no matter from what social sphere they come. If the observation is true in general, is not the plan of our insane asylums responsible for it? Anyone may acquire mental diseases. If refined women, who never in their lives even heard profane or obscene language, begin to indulge in such after being placed in an asylum, it must have been suggested to them by their new surroundings. A distinctly new feature has been added to the existing disease, by which ultimate cure must be retarded. The professional man, on account of psychic aberration and condemned to similar depressing, degrading companionship, has his chances of recovery materially lessened thereby. Thus the democratic idea is carried to the extent where it becomes a positive injury and injustice. Patients instead of being thrown together indiscriminately, should be divided into groups in accordance with previous social, intellectual and moral habits. Were such a system carried out, it

would do much to banish the dread of the insane asylum common in the laity, and better results could be obtained by treatment. While no doubt many good cures are accomplished here and there, recoveries from mental disease in our public institutions are not numerous. Many physicians have therefore come to look upon our state asylums as a place, not so much for the successful treatment as for the comfortable keeping of a certain class of patients, a sort of dumping ground for mental wrecks, where they are left to rot at their leisure. That reforms are needed in methods of commitment to an insane asylum, is well recognized. Under the law of most states procedures are so lax that it would be just as easy to commit the presiding judge or one of the examining physicians as the unfortunate subject of the examination. Medical men are not to blame, for they exercise all the possible care and precaution. The fault and consequent remedy lie in the law making power, the state legislatures.

DISINFECTION OF PUBLIC CONVEYANCES.

The good example set by Philadelphia and recently mentioned in the "Rundschau" of nightly desinfection of street cars is being followed in St. Paul. A recent order by the energetie health commissioner, Dr. Ohage, enforces a very thorough cleaning and disinfection every evening of every street car that has been in use during the day. Valuable as such work is, it is only a beginning. Interesting in this direction are the very thorough precautions against the spread of typhoid being inaugurated by the railway authorities of Prussia. Practically every station will be turned into a quarantine and every station master made a health officer. In addition to orders to maintain scrupulous cleanliness throughout depot premises, the station masters are instructed to furnish the physician, who will accompany every through train, a report of any cases of typhoid fever in their town or any suspected cases. Freshly boiled water must then be furnished for the use of the passengers and train crews. In every station are to be maintained tanks with sterilized water, plainly marked, for the use of travelers. The ordinary drinking fountains must be sealed up until the town has been declared free from fever. Paternalism in government has its good sides, after all. An Italian bishop has issued strict orders to the clergy in his diocese to have churches, their pews, confessionals, holy water receptacles, etc., regularly cleaned and disinfected. Thus the good work goes on. We doctors rejoice over it, then mourn the steady decrease in our business and send a fresh batch of students to the colleges.

A PHYSICIAN AS POPE.

The most exalted position ever reached by any physician was that of head of the Roman Catholic church. Petrus Hispanus, Peter of Spain, really a Portuguese, was born about 1215 as the son of a physician and devoted himself early to the study of medicine. When only 30 years old he occupied the position of professor of physic in the Italian University of Siena, later in Montpellier and Paris. Gradually he rose in the hierarchy, until in 1267 he became pope under the name of Johannes XXI. His pontificate lasted only a few days more than eight months; he was killed by the caving of a new building which he had erected. He was a prolific medical writer, leaving no less than 17 volumes, most of which are still in manuscript. Of considerable interest is his book on the eye, his last work. Although the medical adviser of many prominent people of his day, among them the Queen of France, his professional income seems to have been small, his annual salary as professor in Siena be-

ing only 40 pounds (Italian), a ridiculously low figure even for those days.

DIAGNOSTIC SIGNS OF LOCOMOTOR ATAXIA.

The need of early and positive recognition of tabes is evident. Too often mistakes are made with serious consequences, such as taking the fulminating pains as rheumatic. A list given by Fournier, of early symptoms which may be looked for and easily found by the general practitioner is useful. (1) Westphal's sign, absence of the patellar reflex. (2) Romberg's sign, unsteadiness of the body, when standing erect with the eyes closed, (3) difficulty in going down stairs, (4) a swinging, circular movement of the leg, when trying to put one leg across the other, (5) unsteadiness and uncertainty on turning around or halting from the walk, (6) muscular instability, when trying to stand on one foot, first with the eyes open and then closed. To these may be added the Argyll-Robertson sign of the pupils, loss of the iris to respond to the changes of light, while the power of distance accommodation is still present. In connection with this we may briefly protest against the bad habit of designating symptoms or pathological conditions by the name of the one who described them first.

NORMAL SALT SOLUTION AGAIN.

The diuretic power of the normal salt solution was well tested by the writer in a recent case. Only temporary relief could be expected, for there was contracted kidney of several years' development, and badly acting dilated heart without compensation. Urinary secretion was lessened to a threatening degree. Rectal injection, however, of only about five ounces of well warmed normal salt solution would cause a considerable flow of urine in a short time and thus relieve the distressing symptoms. It will interest physicians that Parke, Davis & Co. have put on the market tablets of pure sodium chloride, in definite proportion. They are cheap and can be carried in the obstetric or surgical bag, so that a reliable normal salt solution can be prepared at a moment's notice.

INFECTION OF CANCER.

Dr. Rehla contributes a report of a large number of cases in which man and wife died of cancer within a few years of each other, and says that, after excluding all other causative influences, there remains a considerable proportion of cases, where direct transmission from person to person seems indubitable. Definite prophylactic rules can not as yet be made. but all secretions should be disinfected, as well as all instruments, utensils, etc., used by cancer patients, and attendants should sterilize their hands after dressing and surgeons after operating on such growths. The possibility of the iufectious nature of the disease is too great to be neglected and as many precautions as possible should be taken.

DANGER IN A CLINICAL THERMOMETER.

It is evident that contagion may easily be propagated by the use of the clinical thermometer and that the mere holding it under the faucet or rinsing it off in a tumbler before and after putting it in the patient's mouth, could not remove disease germs that may cling to it. Recently a case has been put on the market which contains antiseptic solution, which the thermometer can constantly be kept in while not in use, and thus be made practically sterile.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

QUININE IN LABOR.

Dr. Boynton, in your January number remarks:

"If you use quinine in labor, give full doses of atropine, strychnine and ergot hypodermically and elevate the foot of the bed, thus to stop the hemorrhage before it comes." And why not tear out the clot also before it comes? If you are going to anticipate thoroughly, why not make a clean sweep of it?

Dr. Boynton certainly indicates that he thinks post partum hemorrhage is a foregone conclusion after the administration of quinine. He perhaps has reason to believe so. We have not, but on the contrary; but Dr. Boynton and this writer, while we have eyes to see and judgments to use, are not authority, at least accepted authority, on subjects medical. This much by the way of introducing this subject, and in its consideration we wish also to speak at some length concerning post partum hemorrhage.

We have had our experience with this complication of labor, which may not be vast and varied, but emphatically it is "all" we want. We had administered no quinine, but on the contrary had given strychnine grain 1-30 in each case, but we do not, nor never did attribute the disastrous result to the use of the strychnine. We never had any trouble in any case with quinine, and we have used it frequently in fact when we thought it indicated.

Dr. Bartholow, in speaking on this subject, says: "While it (quinine) is not a special uterine stimulant, it may exert such an action indirectly. When uterine inertia is due to depression of the vital forces, quinine in moderate doses then becomes a valuable stimulant and is used for this purpose in obstetrical practice." The words that should catch and hold our attention here are "depression of vital forces," "valuable stimulant" and "used for this purpose in obstetrical practice." Get your eye on these and see the indication for the use of the drug.

Dr. Samuel O. L. Potter, hailing from the same state as Dr. Boynton and author of a valued work on materia medica, writes of quinine: "It is a uterine stimulant in labor, but its power to initiate uterine contraction is a much debated question." Mark it down as "uterine stimulant," if so, "opposed" to post partum hemorrhage.

Dr. G. F. Butler, in his work on materia medica, says: Ecbolics or oxytoxics are remedies which act directly upon the uterine muscular fibres inducing uterine contraction and are chiefly used during or immediately after parturition to produce or increase uterine contraction. The only justifiable uses for ecbolics are in parturition with uterine inertia. When it is desired to hasten the delivery of the child or desired to induce firm contraction of the uterus, and thus prevent or check uterine hemorrhage after the birth of the child." Next follows a list of ecbolics, among which we find "quinine." Now then, if you read what Butler says, with your glasses on, you will observe that the indications are to prevent post partum hemorrhage rather than cause it, as Dr. Boynton thinks and emphatically suggests.

Dr. Shoemaker adds his testimony in behalf of the good effects of quinine in labor, when he says: "In obstet-

rics quinine is valued as an oxytoxic increasing the energy of uterine contraction, though not capable of inciting them." Now if this drug has the power of increasing the energy of increasing uterine contraction, does that signify anything like its producing relaxation of the uterine muscle after parturition, the sole cause of post partum hemorrhage? of the kind which we are now speaking.

And finally to this point, Dr. Ellingwood, that prince of therapeutists, addresses himself:

"Quinine has a direct power in inducing contraction of the parturient womb, especially if from inefficient strength the labor has been prolonged until the nervous force of the patient has been well nigh exhausted. If fifteen grains be given in one dose it may overcome all undesirable conditions at once and prove sufficient. The contractions are normal in frequency and of regular character and force. It thus overcomes inertia and will prevent post partum hemorrhage. It is a good remedy for this latter condition, post partum hemorrhage, when it has occurred, as it stimulates the heart and nervous system. It is a dangerous remedy in large doses during pregnancy, as it may bring on premature labor."

We have no quarrel with Dr. Boynton. He uses a facile pen and we like to read after him, and we have only used this occasion to give this subject a little airing and hope it will be profitable.

Now to the second division of the subject, post partum hemorrhage, we invite your attention. Let us approach this, the most vital of issues, at once. What is the cause or causes of this terrible condition? They have always come upon us like a clap of thunder out of a clear sky. The woman seemed to get along with her labor perfectly, normally, when in one case I was warned that something was wrong by hearing a sigh. In the next case the woman said she was sick, dizzy, strange flashes of light before her eyes; these occurrences have been unexpectedly sudden.

The causes for this condition may be set down in three classes: First, those that are so rare that they are outside of practical work. In this class are hemophilia, presence of fibroids in the uterine wall and a diseased condition of the ganglion cervicale uteri. Forget these as soon as you can, for they are impractical. The second class of causes is those due to previous wrong action on the part of the practitioner, and therefore should never occur. This class includes mismanagement of the third stage of labor, too rapid instrumental delivery, tugging at the placenta, laceration of the cervix, tearing of the vagina—all these should never occur. The third class of causes is those due to temporary inertia of the uterine muscular fibre. The womb, tired out by overwork, refuses to make the final complete contraction and then tie up the arteries of the placental cite with nature's own living ligatures, over distention, hydramnios, previous habits of life producing a general laxity of fibre, the relaxing effect of hot climates—all assist in bringing about this latter condition, exhaustion.

What is to be done in these cases? Write this sentence indelibly on the tablet of your memory: "Whatever you do, do quickly." Various lines of treatment have been marked out. If the placenta is retained, remove it.

Compress and kneed the uterus through the abdominal walls, clear out all clots. Compress the uterine walls between the hands, give a vaginal and inter-uterine douch of water as hot as can be borne. If this fails apply turpentine or vinegar to the interior of the uterus. We have found the vinegar very useful.

Some one has suggested to plug the

uterus. Yes, and that will be a race between you and death, and the latter will most likely win. We know of a case where the doctor tamponed the vagina, result death. Would you have looked for anything else? Compression of the aorta is suggested as a sovereign remedy for this condition.

When we find a condition of this kind we anoint the hand with lard or vaseline, introduce it in the womb and tear out the clot. While doing this we have an assistant, nurse, to raise the foot of the bed and take the pillows, etc., from under the head. All the while there has been sitting on the table a pint of good, pure acid vinegar, in which is soaking a clean handkerchief, together with a hypodermic syringe, in which is in readiness the solution of the following:

℞ Strychnine sul., gr. $\frac{1}{30}$.
Atropine sul., gr. $\frac{1}{120}$.
Nitroglycerin, gr. $\frac{1}{250}$.

I say these things are always ready. You can prepare them for an emergency before hand; it is little trouble. A husband once asked me what I was going to do with a loaded syringe; my reply was "Nothing, I hope, but if I need it I am ready."

Next we rush the handkerchief and vinegar to the fundus of the womb and leave it there for an hour or so; the womb has always contracted on it and it forms a kind of plug to the bleeding arteries. The hypodermic is then given, which has the effect of bleeding the women into her own veins or hiding away in the capillaries an amount of blood which afterwards returns to the major circulation and sustains life.

M. G. Price, M. D.

Mosheim, Tenn.

ITEMS.

Heroin beats codeine as an opiate for children.

The doctor of the still tongue is quite as often of the otherwise head as vice versa.

Dont advise too many radical changes of habit at once.

Don't be a bigot but at the same time don't certify to the efficacy of a quack dope.

Active principles are more rapidly absorbed from the mouth than from the stomach.

Prescribing heroin, glonoin or the coal tar products direct patient to eat them slowly.

It always pays for the doctor at the bed side to give the first dose or doses of the ℞ to the patient himself.

Don't give a "death's head prognosis' and run the chance of the patient getting well without a doctor's help.

"The doctors gave him up"—say doctor don't take chances for that remark including you—there is nothing in it.

A physician should make it a rule never to give quinine, morphine, iron or in fact any drug by name: if given it should be disguised in a ℞.

The most nerve straining practice I have ever found is listening to the woeful stories of calamity howled by those who do not wish to pay a full fee.

It pays to cultivate an agreeable and delicate touch. Few worse remarks can be passed concerning a physician than the observation: "He is rough."

It is wise to explain to a patient some of the pathology of his condition and the rational of treatment. However the drugs used should not be named.

When our patients tell us that they "cannot" take or eat this or that, by giving them some ourselves and calling out their will power we can usually have our way.

If in a professional capacity you run

up against a quack treat him as you would treat a nurse or any layman but do not ever argue with him, however be polite—yes strictly polite.

My answer to Dr. W. H. G. Jan. Recorder is treat pimply patient with ʒi to ij sodium phosphate t. i. d. mercury oxide ointment locally and abstain from an excess of sugar and fat.

Oral directions to patients are often neglected. If you leave medicine for patient in cup or glass (the medicine not the patient in said cup) have gummed label handy to stick on.

Sometimes cheapness is a desirable quality in a medicine particularly when our patient would rather face the devil than spend $4.00 per month for a doctor's services and medicines.

My friend Dr. P. sent his patients to the drug store. The druggist got on to Dr. P's. ℞s and did a land office business for a while, Dr. P. now puts up his medicines at his office and his income is doubled.

Dr. A. is acknowledged to be a back number professionally, he learned it all at college but he belongs to six secret orders and as a result he rides a good deal and the undertaking business thrives in his wake.

Excluding nasal catarrh and dental caries treat offensive breath with sodium phosphate ʒj t. i. d., W-A intestinal antiseptic tablets, calcium sulphide gr. ss. every one to two hours, glycozone and red pepper with food.

We should never give important directions in an off-hand way. If the patient should drink for instance little or much water, state how much in an illustrated, graphic way so that your directions will be tangible.

Dr. Blandon's article on gastralgia in Jan. Recorder reminds me of the fact that this symptom is often concurrent with laceration of cervix or other pelvic lesion in the female; with the uterine sound a momentary gastralgia may be reflexly excited.

Mr. S. sent for me to see his baby, the child was anemic. Mrs. S. was also anemic, thus her milk was like water, The life of Mrs. S. was all work etc. I told her to take life easier and be a girl once more. This she can do with the assistance of Mr. S.

When dealing with people who pay physicians with a stingy hand it is best to present bills promptly and go right after the pay, in fact it pays often to scare them out in this way seeking rather to avoid than to obtain their practice in the future.

For an overworked poorly nourished mother I advised: 1st, corn meal cakes for breakfast, 2nd, milk warm from cow morning and evening, 3d, a nap from 1 to 3 P. M., 4th, phosphate of soda ʒii before breakfast, 5th, Four raw eggs per day. She soon picked up.

In a malarial district "gastralgias" extending from the spleen to the gall bladder are met with every day. Sodium phosphate may not cure all cases but given with variation (colored, flavored, in solution and etc., to disguise) it is a cheap and effective medicine.

When asked suddenly for your bill do not answer before you think but review the work carefully in your mind and you will find that your patient owes you several dollars more than you would have made it if you would have answered upon the spur of the moment.

Two years ago when I practised in an eastern town I observed that people who carried a little jag of hay in the back of the buggy when they went to town, people who shaved themselves, people who visited friends or relatives instead of going to a hotel when going to town, in general were kickers when it came to paying a doctor.

There are people who dislike to pay a doctor so badly that physicians

should blacklist them not for non-payment but for protest-payment, to jangle about a bill devitalizes a busy doctor, people who impose upon their doctors by forcing their business troubles upon them feelessly should feel what it is to want a doctor's help and not be able to obtain it.

The compressed tablet nausea No. 3 consisting of cerium oxalate 5 grs. powd. ipecac 1-10 gr. has spoiled experience for me in vomiting in pregnancy. In ten years I have failed to find obstinate cases. I direct the patient to eat one tablet every 1 to 6 hours as required, sometimes two.

DR. C. E. BOYNTON
Los Banos, Cal.

ANTITOXIN.

Antitoxin affords a very fine illustration of the peculiar element in human nature which makes men of a certain nature stubborn and determined, just in proportion to the degree they are wrong. Many of the pages of ecclesiastical history dealing with the rise and spread of ideas, are written in the blood of the victims of men who were willing to wage a war of extermination against the race, sooner than allow the light of truth to shine out and dissipate the mist of error, the sophistries of reason by means of which they held place and exercised power over the credulous masses. What, renounce error and admit that they were wrong and consequently no more infallible than those they governed with the iron hand of arbitrary authority? Never! Better that the human race march through another red sea of human blood, than escape the dominion of the orthodox.

Antitoxin is an invention of the human mind, and it must have been a very weak mind at that. It was evolved from the "inner consciousness" and has no relation to facts. It possesses no therapeutic properties, except those of the carbolic acid or other antiseptics in it. It has never been demonstrated that the serum alone has any power to neutralize the poison of diphtheria, as the serum has never been given without the antiseptic. The profession has been required to accept the antitoxin powers of the serum entirely on faith.

All sane logic refutes the possibility of poisoned horse serum, depraved by a septic process going on in the animal having any power to control the symptoms of disease. The youngest and most inexperienced physician in the profession knows that carbolic acid and antiseptics in general possess such therapeutic properties which are especially marked in infectious diseases, such as diphtheria, scarlet fever, etc.

Men who have thrown prejudices aside and have taken an honest and scientific view of the whole matter in making comparisons between the clinical effects of antitoxin and solutions of carbolic acid, (one-eighth of one per cent.) have found them identical. Other antiseptics have been employed with even better results. The conclusion is irresistable, that the majority of physicians who continue to uphold and exploit antitoxin, do so in the same spirit, and for the same purpose that caused the ecclesiastics of old to defend the doctrines and fiat of church authorities to the bitter end. The world did not move around the sun for many of these wrong-headed exponents of orthordox science for years after the secular world was basing many of its calculations on that fact, and antitoxin will not be regarded in its true light as merely tainted horse-water, more or less preserved by the antiseptic combined with it, until it shall have ceased to be a tool for the exercise of power by health boards as source of profit to manufacturing interests and a means of scientific pretension and self-advertisement to med-

ical pharisees in the profession who depend upon pedantry and fads which impress the credulous to obtain them patronage, instead of real knowledge.

I am informed by good authority that a Philadelphia doctor is doing his utmost to have a law passed requiring all school children to be inoculated with diphtheria antitoxin before they are admitted to the public schools. A cause must be very desperate indeed, when people have to be coerced and compelled to accept it in such a way as this. A child must be injected with a poisonous horse serum, or go without an education.

The true physician thinks of his arduous duties, his constant study over perplexing medical problems, his gradually acquired knowledge of drugs, symptoms and the laws of health. When he looks at a bottle of horse-water with its trace of antiseptic truth —carbolic acid—he reads the exorbitant price asked for this humbug invention, he hears the imbecile scientific prattle which supports its claim, the agitation of unjust and oppressive laws appealed to in support of frauds, and he laughs long and softly to think "what fools we mortals be."

J. L. Wolfe.

VACCINATION.

I have been told that there is more opposition among physicians against vaccination than is usually thought or admitted. The assertion appears hardly credible, for how can intelligent men, as doctors generally are, blind themselves or misinterpret the well known history of smallpox. I do not wish to enter into an argument at present, but merely tell an experience of mine. During the Franco-Prussian war I was attached as a junior to one of the German army hospitals, with its large staff of physicians and other employees. Among them were two young American surgeons, volunteers. Soon smallpox broke out in the armies and orders for general re-vaccination were issued. All the attachees of our hospital, about fifty, were except one of the Americans, who "did not believe in vaccination." And of the whole hospital staff he was the only one who contracted the disease. He had been very good looking, but he was a sight, when after a hard struggle he got through with his life. This is not an isolated case, many physicians can report similar ones, but it is sufficiently instructive to bear telling.

H. Speier, M. D.

Rochester, Minn.

A LOOK BACKWARD.

BURNS.

In the February number of the Recorder, page 51, 1902, is an article on Burns by Dr. Ben H. Brodnax, in which Brother Brodnax gives me advice how to treat burns. I thank the doctor for his trouble, but decline to take advantage of it. I have used several times 5 and 10 per cent. of carbolic acid, but never "full strength" in burns. It is liable to cause thrombi in venous radicles, it decomposes red blood corpuscles, causes hemorrhagic infarcts in the kidneys, is very poisonous to tissues, applied directly to muscles or nerve paralyzes at once. When absorbed it acts upon the medulla, respiratory and vasomotor centres contained therein. It briefly stimulates then paralyzes. Carbolic acid is rapidly absorbed. Many fatal cases have occured from local use in "full strength."

Creosote is a safer and better remedy. It has similar properties and is not so toxic as carbolic acid. In small doses it has a selective action on the terminal nerve filaments in the gastric mucous membrane and is sedative. It is eliminated principally by the

bronchial mucous membrane, therefore it is an excellent expectorant, stimulating. It is of great use and benefit in suppuration, gangrene, acute and chronic catarrhs, pulmonary phthisis, abscesses and burns. Creosote is better for internal administration than carbolic acid, it is of great use in vomiting due to abnormal gastric fermentation, cancer, ulcer of stomach, Bright's disease. Creosote is an excellent drug for vomiting in pregnancy. It should be given in small doses, one per cent. creosote water 30 to 60 drops, or ½ to 2 drops of creosote, for local use 5 to 10 per cent. It is prompt and curative in irritative diarrhea, especially so in children. I have cured many a burn with creosote.

The sodium sulphocarbolate is a good remedy in burns, sprinkled on the parts. So is acetanilid in ointment. Resorcin is a better drug for burns than carbolic acid, at least it is not so irritating and not so actively toxic, therefore less dangerous. It is antiseptic, antiferment, arrests decomposition, destroying low organisms. It is indeed a useful local application in diphtheria, erysipelas, syphilitic sores, and cystitis. As an antipyretic it has been used in typhoid, etc. but we do not like to use it for that purpose. It is prompt to relieve in doses 2 to 4 grs. for gastric fermentation, local use 5 to 10 per cent. in water or oil. Ichthyol is efficacious in treatment of burns. It relieves pain, reduces oedema, and promotes healing, local use of 10 to 20 per cent. ointment. It can be mixed with vaseline or oils. It is non-irritating to the skin, and may be mixed with oxide zinc, or bismuth subnitrate. A solution of potassium nit. is frequently very useful. Calcined magnesia is another good remedy for burns, dusted over the parts. An old remedy is oil of turpentine and a good one, which can be applied to burns of the first, second or third degree; it will relieve the pain and heal rapidly. Lint or absorbent cotton saturated with turpentine, is put on the burnt surface, then a bandage. It is necessary to wet the cotton or bandage to keep moist, which can be done without removing the dressing. Turpentine being volatile evaporates. The turpentine should be kept off the healthy skin, as it may blister and cause pain. There are a good many drugs used for burns, but it only takes up time and space needless to mention. I use soft lint and absorbent cotton in most cases of burns, with bandage moderately tight to exclude air and prevent fungous ganulations. Raw cotton sticks to the burnt surface and is troublesome to remove.

I know that carbolic acid applied to a denude surface has an anesthetic effect, and it has been said "that pure acid locally applied is not apt to poison as the diluted acid." I used carbolic acid "full strength" to a sore foot and it caused gangrene. Twentyfive years ago the gentleman had a small part of his big toe left, which was saved from the burning, like the Dutchman who went to Heaven by a devilish tight squeeze. In slight burns one dressing may do if the burn is not a deep one. In extensive burns redressing is absolutely imperative, without regard to what drug has been used.

We look forward as well as backward. Our backward sight is better than our forward sight, and we prefer to use remedies that speedily cure and are safe to use.

E. C. Rothrock, M. D.,
Tennessee Colony, Texas.

Dr. Rothrock expresses opinions based on a long experience. The doctors' remarks on pure carbolic acid are of especial interest at the present time, when the use of pure carbolic acid is being advocated by a number of writers.

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THE FUTURE OF THE PROFESSION.

Dr. Emil Amberg is one of the sound practical thinkers of the profession who is endeavoring to solve some of the most important questions of the day.

There is no question but the profession of medicine is becoming terribly overcrowed and the chances for making money in practice are small and are getting smaller. Dr. Amberg handles this subject very pointedly in an article in the Philadelphia Medical Journal. This condition he rightly regards as due to the medical colleges. Many college clinics are doing work free, which should be paid for. This takes work from the profession and philanthropists say it debases the recipients of free treatment, who are able to pay. The large number of graduates turned out every year, poorly prepared for the work, adds to the overcrowding. Dr. Amberg believes that the medical colleges should be state institutions, that they should have high standards of admission and graduation, and the free clinics should be open only to those unable to pay. He believes that it is the duty of the American Medical Association to attempt the accomplishment of these desirable subjects.

Dr. Amberg says: At present the future of American medicine lies in the hands of the House of Delegates of the American Medical Association. Great responsibilities are placed upon the shoulders of the delegates, who are confronted with serious problems. The endorsement of the plan of reorganization of the American Medical Association, at the meeting at St. Paul, awakens great hopes. Medical education, medical legislation and reciprocity have been mentioned as essential parts of the work before the new body. May the delegates find a solution in the near future.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, under the general editorial charge of Gustavus P. Head, M. D. Vol. III.: The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C· M., M. D.; Albert H. Andrews, M. D.; T. Melville Hardie, A. M., M. D. December, 1901. Pages 306, Cloth, $1.50, Chicago: The Year Book Publishers.

This volume takes the place of the Year Book of the Nose, Throat and Ear, which has been successfully published for several years by Drs. Head and Andrews. The book furnishes abstracts of recent literature on the eye, ear, nose and throat. Additions to our knowledge of these branches is presented as given in the world's literature. The matter given will be found of interest to the general practitioner as well as the specialist. The book is illustrated with twentyfive figures and eleven plates. The work is one which every specialist will find handy and every practitioner will find helpful.

A MANUAL OF OPHTHALMOSCOPY, For Students And General Practitioners. By J. E. Jennings, M. D., (Univ. of Penna.) Author Of "Color-Vision And Color-Blindness", etc.; Formerally Clinical Assistant, Royal London Ophthalmic Hospital, London; Member of the American Medical Assn., etc. With 95 Illustrations and 1 Colored Plate. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1902. Large 12mo. Price $1.25 net.

This manual is an elaboration of a series of lectures on ophthalmology by the author delivered before the graduating class of the Beaumont Hospital Medical College of St. Louis. The text is systematically arranged and profusely illustrated with many original black-and-white drawings and a colored frontispiece. This manual fills the need which has existed for a work well illustrated, giving in small compass and at slight cost the information which heretofore could only be obtained in expensive text-books and atlases. It will enable any practitioner to obtain a working knowlege of the ophthalmoscope. The book is one which will be appreciated by students and practitioners as a valuable aid in the practical and important work of ophthalmoscopy.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaberation of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D. of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Roch, M. D., of Boston, E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., and Charles H. Reed, M. D., of Philadelphia; J. W. Ballentyne, M. D., of Edinburgh, and John Harold, M. D. of London. With regular correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume IV. Eleventh series, 1902. Pages 303, cloth, $2.00. Philadelphia: J. B. Lippincott Company.

This volume contains 107 illustra-

tions, 34 special formulae, and articles by thirty-six authors, the majority being widely known American teachers of the highest rank, and known to every physician who reads. Among them are Norman Bridge, Chas. H. Burnett, John B. Deaver, Wm. S. Gottheil, J. P. Crozer Griffieth, A. Jacobi, G. Frank Lydston, John H. Musser, Frederick A. Packard, Nicholas Senn, Alfred Stengel, John Madison Taylor, and James J. Walsh.

Our space only permits us to call attention to a few of these articles.

"Winged Insects and their Larva as Parasites of Man" is an illustrated article by Dr. Jas. J. Walsh, which is of especial interest. Valuable articles are "Deformities in Children from the Standpoint of the General Practitioner," by J. M. Taylor; "Modern Treatment of Some Common Dermal Affections," by Dr. Wm. S. Gottheil; "The Operative Relief of Some Forms of Prostatic Hypertrophy," Chas. H. Chetwood, M. D.; "Types of Hemiplegia," by Dr. G. L. Walton. Considering the quantity and quality of matter furnished these volumes are marvels of cheapness.

BOOK NOTES.

The Twentieth volume of the "International Medical Annual" published by E. B. Treat & Co., of New York, is nearly ready for delivery. This Annual is always unexcelled and this years issue promises to be better than ever.

Dr. J. D. Albright, of Philadelphia, has just issued a new edition of his book, "The General Practitioner as a Specialist," which we will review next month. Any physician who buys this book and makes good use of it can make money.

"The Office Treatment of Rectal Diseases, Explained and Described by Dr. Rufus D. Mason, of Omaha is a new work which will enable a physician to become an expert in the treatment of rectal diseases. The price of the book is very low.

Everybody's Magazine for March comes laden with many valuable and interesting articles. "Wild Beasts Behind the Bars" is a strikingly illustrated article by C. Bryson Taylor. Other leading articles are "The Submerged Tenth; Grebes and Loons," by H. K. Job, "Eugene Field as a Journalist" by Arthur Chapman, "The Loud Talking Telephone," by E. P. Lyle, Jr. A variety of other articles and good fiction make a strong number.

Tomas Estrada Palma, the first president of Cuba, tells in the March Success, his life-story, and what he intends to do with the little country he has been chosen to govern. Robert Barr's newest short story, "The King Weds," an historical romance, will be appreciated by thousands of readers. The March number contains a large amount of information upon current events of importance. Anyone who reads Success every month will be sure to be well informed.

Every physician will be especially interested in the leading article in Mc Clure's Magazine for March; it deals with Prof. Loeb's researches and discoveries and is entitled "Bordering the Mysteries of Life and Mind," by Carl Snyder. Other articles are: "The Canadian Lynx," by M. D. Hulbert, "The Trial of Aaran Burr," by Ida M. Tarbell, "Dennis Mulvihille, Stoker and Mayor," by W. S. Porter, "Next to the Ground," by Martha McCulloch-Williams. McClure's always has good stories and fine pictures.

The complete novel in the March number of Lippincott's Magazine is "Wild Oats," by Francis Willing Wharton. Articles of special merit are: "The Elizabethan Theatre," by Prof. Felix E. Schelling; "The Isth-

mian Canal from the Beginning," by Charles Morris; "A Flemish Home af the Trappist Monks," by John Ball Osborne. Dr. S. Wier Mitchel contributes a short story, "The Sins of the Fathers." Professional men need some fiction as a mental recreation and Lippincott's has just the right kind. The fiction in the March number is varied and entertaining.

The March Country Life in America heralds the coming of spring, and with added pages, offers a profusion of supberb pictures relating to all sorts of wild and domestic life of the woods, the fields and of country places. Among the leading articles are: "The Sugar-Brush," which treats pictorially of the unique American industry of maple-sugar making; "The Animals of the Farm" a bit of farm philosphy; and a poem by John Burroughs entitled "A March Glee." Altogether, the success of this most beautiful of magazines is inevitable; it grows monthly in number of pages and breadth of feeling for the out-door world, and already is twice the size originally planned.

The March Number of The Ladies' Home Journal is an admirable example of a real "home" magazine. From the beautiful cover, by Mr. W. L. Taylor, to the very last page it is replete with delightful fiction and interesting articles. The number opens with the unique story of "The Sexton Who Ruled New York Society," by William Perrine, then comes a real treat, another "Lady or the Tiger" story, by the same Stockton who gave us that remarkable tale of mystery. This one is called "My Balloon Hunt." Neltjie Blanchan begins a series of unusual articles about birds and their personalities. The departments are of unusual interest and very helpful.

The World's Work for March presents its usual clear-cut, vivid interpretation of events. The leading editorials this month deal with the new international position of the United States, the changed attitude of European nations to the Republic. The visit of Prince Henry furnishes occasion in part for this and lends interest to an article about the Kaiser,—"The German Emperor as He Is"—by Wolf Von Schierbrand, and a short editorial article entitled Anglophobia in Germany. The leading illustrated features of the number are Prof. Robt. T. Hill's description of the great American desert, and an article by Arthur Goodrich on the typically American sculpture of Solon Borglum. Among the shorter illustrated articles are a description of a typical Dutch industrial town, by Dr. Wm. H. Tolman, an Astronomer's Night's Work, by Dr. J. J. See, and a story about the unique Eskimo Cliff Dwellers of King Island, by Dr. R. Newton Hawley. Theodore Waters tells of some interesting experiments made by Prof. Hallock, of Columbia, with the utilization of the earth's heat for power as an end.

There is a pretty story in connection with the series of articles which Helen Keller, the wonderful blind girl, has written for The Ladies' Home Journal telling about her own life from infancy to the present day. She always has shrunk from the publicity which follows successful literary work, and it was with great difficulty that she was persuaded to take up the task of preparing her autobiography. She had, however, set her heart on owning an island in Halifax harbor for a summer home, and in a spirit of fun the editor of The Journal offered to buy it for her, or to provide the means to buy it. When the work of writing appeared especially irksome Miss Keller was reminded of her desire to become a landowner, and it spurred her on. Just before Christmas she completed the first chapter of her marvelous story, and on Christmas morning she received from her publishers a check for a good sum.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Rheumatism—The uric ucid etiology of many deseases is being discredited now by many careful observors. Dr. A. H. Smith, of New York City writes in the Medical Record:

More and more we are losing faith in the chemical theory of gout and rheumatism and incline to the belief that these allied diseases are produced by some infective principle. In the case of rheumatism this belief derives strong confirmation from the therapeutic side. Only less confirmation is afforded by the effect of colchicum in gout. In neither of these cases has a specific organism been demonstrated.

About Reading—An editorial in Modern Medical Science tersely presents some important truths which are beginning to dawn upon thinkers. We give the following from this editorial:

Some months ago, we took a part in the question "Why go to College?" Our own short answer to the question was, "In order to learn to read"—which surprised many, who thought that the primary school was the place to learn to read, and that, in fact, nearly every person in America, of school age and over, must know how to read. But they do not; not one in a hundred or a thousand of them knows how to read, either in books or in things generally. To know how to read, is a double acquirement, composed of two great factors: a mind disciplined by much hard study, and enriched as well as disciplined by much hard reading and thinking. Are you able, for instance, to read medicine? That is the same as to ask, were you prepared beforehand (excuse the tautology) by long and severe mental gymnastics, to master the severest of such exercises—among which, certainly, are the group of medical sciences—and the reasonable application of all that learning to the most difficult, the most confused, and the most backward, of pursuits; the profession of therapeutics.

"No time to read is the bitter cry of the successful practitioner (if duly conscientious); and "No power to read" (to call reading) and therefore no great disposition to read, was and is the primal trouble for the young physician with but too much of compulsory leisure on his hands. The only profession that has always exacted some prior intellectual preparation, is that of theology. Medicine is at last slowly following, with an increasing number of medical schools that exact academic conditions for matriculation. But in the title of these remarks we are not now so much voicing the cry of the medical profession, or lecturing to its members, as putting forth a word for Education itself, as against its great enemy, in one respect, the zeal of the Public School, which consumes the children, body and mind, with engrossing exercises (mostly mere monemonics) that leave them "No time to read"—much less to reason, or to grow. All sorts of foolishness, running like wildfire through the ranks of our supposedly educated population, testify to the utterly mistaken conception of education that has pervaded the public school and has for a generation past been percolating into the college. That conception mistakes the way to power (learning to "read") and ignores both the chief means and end of education—the exercise of reading, proper.

Blood Poisoning—Dr. H. J. Whitacie, of Cincinnati, has an article of value, in the Lancet-Clinic on the treatment of infected wounds of the hands. He believes thousands of fingers and many hands are lost annually by neglect of small injuries and slight infections. A favorite antiseptic solution of Dr. Whitacie's is a 1 per cent. solution of aluminum acetate, made by dissolving twenty-four grammes of alum and thirty-eight grammes of acetate of lead in one litre of water. We are pleased to publish the following extracts from the article:

The acute diffuse cellulitis infections take place in various parts of the hand, through scratching, blisters, contused wound or through imperceptible injuries, and spread rapidly to involve wide areas. These infections may be either mild or very severe, according to the virulence of the streptococcus, which is usually the bacterium present. The pathological lesion is a diffuse lymphangitis and cellulitis, without at first any particular focus of pus formation. Such patients present themselves with an entire finger or entire hand and forearm, reddened, tensely swollen and very painful. The redness is said to have begun around a scratch, and rapidly spread. Red lines run up the forearm, the axillary glands are painful and the constitutional symptoms are present in the severe or extensive infections. I recall a patient who applied to my clinic, with a history of such an inflammation, beginning around a scratch made by a meat hook twenty-three hours previously. His entire hand, wrist and forearm were twice their normal size, the axillary glands were extremely sensitive, the temperature was 104° F., and the pulse 140. There was no evidence of pus in any part of this hand.

The appropriate treatment for the mild and moderate forms of infection of this variety is the wet dressing of aluminum acetate. The milder forms will subside in twenty-four to forty-eight hours under its use, while the slightly more severe forms will require a longer application of the dressing, combined with rest in bed. The severe forms of infection require more attention than a labor case that has almost completed the second stage. We should not leave such a patient for more than a few hours at a time. Wet dressings or hot immersions should first be applied, the patient should be put to bed, and the bowels thoroughly purged. If in six to twelve hours conditions have not improved, multiple deep longitudinal incisions, three to six inches long, should be made in the forearm, to check the progress of infection. The forearm should be returned to the hot immersion bath, and both local and general conditions carefully observed. General stimulation should be instituted, with strychnine sulphate and whisky as the mainstays, and antistreptococcus serum should be administered. Suppurative foci in different parts of the hand, forearm, and in the epitrochlear or axillary glands, may develop later, and should be promptly drained. Metastatic pus foci appearing in remote parts of the body should receive the same prompt treatment by incision.

* * *

Vaccination and Damage Suits—Every physician who does any vaccinating has a chance to get into a damage suit, according to a recent decision of a Philadelphia court. Physicians should always caution parents about the proper care of children who have been vaccinated, but this will not always be heeded. Every practicing physician should have a certificate in the Physicians' Guarantee Company, and then he can feel safe from such suits. The Philadelphia Medical Journal says:

A verdict for $1000 against a physician was rendered a few days ago in a Philadelphia court by a jury of twelve men in the following case: Dr. H. M. Righter alleges he vaccinated a child, using every antiseptic precaution. The arm was scrubbed with green soap, washed with alcohol and a solution of bichloride of mercury and rinsed with boiled water. The operator's hands were sterilized and a fresh point was used and taken directly from its case. Twenty-eight days afterwards, it is alleged, an eruption of impetigo contagiosa broke out, the vaccination having healed. Later symptoms of laryngeal diphtheria occurred and the child died. Dr. Righter alleges that he did not see the child after vaccinating it until called to see the eruption. Impetigo contagiosa is doubtless seen sometimes following vaccination, but it is known to be due to a secondary infection—just as is tetanus. If a physician uses every precaution he should not be held responsible for such secondary infection, which may evidently occur in some cases without ability to prevent it. The exact relationship of the two diseases is thus accidental, but in this case the jury decided that Dr. Righter was responsible, although the evidence does not show in what way. The long interval elapsing after the vaccination is further evidence of a secondary or accidental infection. In the light of this verdict we do not hesitate to say that no physician who vaccinates a person in this city is now safe. The verdict is particularly deplorable in this town at a time when the medical profession is doing its utmost to exterminate smallpox. This verdict may remain as a precedent, and it behooves every physician to consider the situation carefully. If such a verdict is to stand, it means that every physician is in jeopardy and that such cases are not to be determined according to the known facts of medical science. We understand that an effort will be made to secure a new trial, and failing in that, the case will be fought in the higher courts.

Smallpox—Dr. Nelson D. Brayton of Indianapolis has an excellent article on smallpox in the Indiana Medical Journal. We present the following extract on protection against the disease: The protection from smallpox is accomplished by one method, namely, vaccination. Vaccination absolutely prevents smallpox. It provides immunity for varying degrees of time, from two to thirty years. It is the one great specific against the disease, and is as certain in its efficacy as it is that night follows day. Neither painful nor dangerous, and applicable at all ages from the babe in the cradle to those of mature years, it should be insisted upon at the present time by the family practioner in all his families. Never was the old adage that an ounce of prevention is worth a pound of cure as applicable as at the present time in the case of smallpox. Never has there been a more certain remedy proposed for a given disease than vaccination to prevent smallpox, and never can the world repay the debt of gratitude it owes Dr, Edward Jenner, its discoverer and first advocate, and the first really scientific investigator in the line of serum therapy. Vaccination preached far and wide, continuously and incessantly will do more to stamp out smallpox than with all the temporary hospitals, or all the extraordinary precautions to prevent the spread of the disease put together. As compared with the most vigorous methods of disenfection that we now possess, namely, formaldehyde vaporization or the burning of sulphur in the presence of water (four pounds of sulphur to each 1,000 cubic feet of air-space), vaccination is so far superior to any

other method of combatting this disease that it is absolutely futile to speak about isolation or quarantine without it. Vaccination immunity lasts for years, exactly how long no one can say. It varies with the susceptibility of the patient and perhaps with the race. I do not think that I could do better in conclusion than state some of the facts collected to show the efficacy of vaccination. From Osler, I quote the following: "Sanitation cannot account for the diminution in smallpox, and for the low rate of mortality. Isolation, of course is a useful auxiliary, but is no substitute. Vaccination is not claimed to be an invariable and permanent preventive of smallpox, but in an immense majority of cases successful inoculation renders the person for many years insusceptible." From the Indiana State Board of Health pamphlet, I quote the statistics of the German Empire in this regard: "In Berlin in the year 1872, deaths from smallpox were 243 per 100,000 of population. Thereupon vaccination during the first year of life and revaccination at the age of twelve years was made compulsory by law with the effect that in recent years there was an average annual death mortality of 1.7 per 100,000 people. During the year 1890 only 58 cases occured in the whole German Empire or 1.8 cases to each 1,000,000 inhabitants." In the German army vaccination is compulsory, and in the French army it is voluntary. The annual average cases of smallpox per 100,000 men in German army is 4.94, and in the French army is 169.72 The practical aspect as such an array of statistics presents itself in such unmistakable light as to preclude argument and make further comment absolutely unnecessary.

Pure Carbolic Acid in Septic Conditions.—Dr. B Honsell has just published an exhaustive article on the use of pure carbolic acid in septic wounds and pus processes. The St. Paul Medical Journal publishes the following abstract of the article:

Although no disinfectant can make a wound sterile which contains germs, aud the free opening of wounds and free drainage do the work, still the proper application of antiseptics in pus wounds can do no harm. On the contrary, bacteriological and clinical studies have shown that such antiseptics as are not changed by contact with secretions and tissues have a very beneficial effect. Besides an antiseptic bandage is a much greater protection to a wound than a plain aseptic one.

The choice of rational antiseptics is limited; iodoform and airol are not changed, but their original power is small and they cannot be used in pus secreting wounds to advantage.

Sublimate solutions and actate of aluminum are rendered inactive by albuminates; hydrogen peroxide acts mechanically; carbolic acid, however, is not changed and acts moderately quickly on pus germs; it can, however, produce serious and general local effects in diluted solutions, and has for this reason long ago been dropped in the treatment of wounds, and correctly so in diluted solutions.

Kehrer first used pure carbolic acid in septic conditions of the uterus after curetting, with constant good results in 1899. Maylard used pure acid for gangrenous wounds siace 1897 with splendid results and with no deleterious effect.

Phelps has used pure carbolic acid after opening large joints, usually tubercular, applied for one or two minutes, and followed by the use of alcohol and free drainage, with better results than all other methods.

Bruns demonstrated by experiments on animals that subcutaneous, intraperitoneal and intra-rectal injections of pure acid were better born than di-

lute 3 per cent. solutions. The same has held good in man. The tunica vaginalis will stand 2-6 gm. of pure acid without poisoning, so that it is safe to say a large joint will bear the same amount.

Pure acid will produce gangrene in healthy tissues when too long applied; care should be used and an absolute alcohol freely employed.

Fraur considered alcohol an absolute antidote for carbolic acid; the author says it extracts the acid more quickly from the animal tissues than water; alcohol solutions of acid are less cauterizing, so alcohol can be used first before applying acid to protect the sound skin in a measure; it will not prevent its toxic effect entirely.

The excellent results obtained by Phelps he ascribed to the disinfecting quality of the acid. The author seems to think that the reaction produced may have a great deal to do with it.

The behaivor of concentrated acid, 3 per cent acid. and 1 per cent. sublimate, in albuminous solution (hydrocele fluid), on staphylococci were experimented with; the bacteria were dried on garnets. Concentrated acid destroyed the bacteria within one minute, the 3 per cent. acid in five minutes; the sublimate produced no effect in 15 minutes; this of course is due to albuminates-

The author further produced infected wounds in rabbits, and after two hours disinfected the wounds, one series with carbolic acid and alcohol, the other with sublimate. Of the 24 carbolic experiments only three showed growth, while of the same number of sublimate experiments 19 showed growth. All of which goes to show that in albuminous media the carbolic acid-alcohol disinfection is superior to sublimate. Experiments have further proved that a certain portion of acid remains active in the tissues for hours after applying. The length of time it remains depends on the amount of bleeding and other secretion, also the kind of bandage. Honsell has practically used pure carbolic acid in over 80 cases, and all acute and sub-acute suppurative ones. Phelps' technique was somewhat modified; the wounds were mechanically cleansed, dead tissue excised as much as possible, the sound neighborhood flooded wiih alcohol to protect the skin, not more than six gm. of acid was used and applied with probangs for not more than one minute, alcohol followed; a dry dressing, perhaps with airol or iodoform, was applied.

Further after treatment suited the circumstances of the case. Secretion always decreased during the first dressing and the wound took a more favorable course. This method has made it possible to allow the first bandage to remain from four to eight days without change.

Granulating, pus wounds were not favorably influenced, nor were injections of pure acid into joint cavities useful, that is hypodermically; the cauterized tissue was not absorbed.

B. Honsell sums up his experience as follows:

1. Concentrated carbolic acid is comparatively less poisonous than dilute.

2. An application of not more than six gm. of pure carbolic acid for not more than one minute, followed by alcohol, produces no serious local or general effect.

3. The alcohol is useful because it removes the acid more readily than water.

4. Concentrated acid retains its antiseptic power in contact with the secretions; it destroys staphylococci in albuminous media within a minute and retains it antiseptic power for some time.

5. The application of acid in septic wounds has proven to be a valuable aid to surgical procedures.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

THE NERVES IN MENSTRUATION.

By L. O. Jones, M. D.,
Hebbardsville, Ky.

In cases of menstruation where the nerves were very much excited and the least noise would almost produce convulsions among such patients, I have prescribed neurilla in teaspoonful doses every 2 hours, with the result that in from 12 to 18 hours these patients would be restored to a normal condition—all nervousness disappearing; hence, of course, other conditions would experience proportionate relief. In my practice it has taken the place of all nerve products in such cases for I believe a nerve calmative is the agent which we require rather than the nerve sedatives and nerve tonics that are generally made use of.

TONSILLITIS.

By W. H. Schroeder, M. D.,
Chicago, Ill.

Case 1. Mr. R—, age 35. He had repeated and violent attacks of tonsillitis, usually ending in suppuration, before the attack was completed. In this class of cases there is usually high temperature, headache, together with lameness of the muscles and aching bones. He responded well to internal medication, but during the course of his illness, required a local application to his throat to reduce the inflammation and pain in his tonsils. Glyco-thymoline, full strength, was applied to the throat, by means of an atomizer every hour. Although the patient was confined to his bed for one week before convalescence began, much comfort and relief of the intense local symptoms was had from the first local application of glyco-thymoline.

Case 3. Mrs. S—, age 25. This is one more of a considerable number of cases of tonsillitis treated with glyco-thymoline. During the cold, bleak winter days of last January, this patient contracted a violent cold, and as usual in her case, on account of previous attacks, she found herself again the victim of the same difficulty. Every practical physician knows the value of proper medication in this class of cases, but he also knows in order to relieve the local throat symptoms a bland non-irritating substance applied to the throat adds much to the comfort of the patient, giving prompt relief, and facilitating a cure. I made prompt use of glyco-thymoline by means of an atomizer, using it full strength as a spray every hour. The relief given was prompt, resulting satisfactory. I have here cited but two cases treated with glyco-thymoline, and with satisfactory results. Its sphere of action is principally upon the mucous surfaces.

SCROFULOSIS.

By Dr, Adolfo Fasano, Naples, Docent in Royal University, etc.

L. M., 15 years old, has an hereditary tubercular diathesis derived from the paternal side. His father is still living, although suffering from chronic tuberculosis. His mother is perfectly healthy.

The patient shows the signs of a

scrofulosis of a medium degree (scrofulous habitus, glandular enlargements, scrofulous eczema, etc.) The examination of the blood shows: erythrocytes, 3,780,000 per c. m., haemoglobin 83 per cent.

I prescribe the "Pepto-Mangan Gude" (two teaspoonfuls a day) and an invigorating diet. The patient stood the preparation remarkably well.

At the end of the third week a very decided improvement could be observed in respect to the digestive and tropic conditions, as well as in the lad's appearance. The appetite has increased. The examination of the blood reveals the fact that the red blood corpuscles have increased in number 350,000 to the cubic millimetre, and that the proportion of the haemoglobin reaches 87 per cent, of the normal.

The treatment is persevered in, and after the lapse of eight weeks the improvement has become exceedingly distinct, while all pathological symptoms are rapidly disappearing.

At the end of the twelfth week the objective examination of the blood shows the presence of 4,980,000 red blood corpuscles per c. m.. The haemoglobin amounts to 97 per cent. The pathological symptoms have entirely disappeared. The complexion has become rosy. The body weight has increased by 3 kilogrammes.

It is evident that in this case we obtained a complete cure by means of Gude's preparation, which, in view of the condition in which the patient found himself when the treatment begun, may de said to have operated quite a miracle in this instance.

PASSIFLORA INCARNATA.

By Dr. Lanigus Solizby, Isle Wight.

☐ It is only very recently that the virtues of passion flower—Passiflora Incarnata—have come to be recognized as one of the most valuable additions to our materia medica. Passion flower has been found when a reliable preparation has been employed, to be one of the best hypnotics at the disposal of the profession. In fact, no remedy which has been introduced in recent years is depended upon with such confidence. It produces natural sleep from which the patient awakes without any feelings other than those from which one comes out of the healthy slumber that follows upon the fatigues of the normal man. Passion flower is also an efficient antispasmodic, and in the convulsions of children it has been found one of the most prompt agents attainable. In the convulsions of hysteria, and even puerperal eclampsia, its antispasmodic virtues are soon apparent. An anodyne in all conditions where there is pain due to nerve derangement, it can be relied upon. Neuralgia, headache, hyperesthesias and other nerve derangements soon disappear under its administration. Daniel's conc. tinct. passiflora incarnata is the only reliable preparation of passion flower that can be found. It is best given in doses of one to two teaspoonsfuls every two hours—but should be given with less frequency as the patient begins to improve.

SCIATIC PAIN—PROMPT RELIEF.

In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., of Brookside, Ala., writes as follows in Annals of Gynecology: "I have been giving antikamnia and heroin tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of sciatica and until antikamnia and heroin tablets were introduced I was

compelled to use a great deal of opium and morphine to relieve the pain. Since then, though, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and heroin tablet every four hours and in forty-eight hours she was up and about and has not felt the pain since. I thank you for the introduction of this most excellent remedy and assure you of my willingness to report the results of still further investigation."

THE AMBULATORY PNEUMATIC SPLINT.

WHAT PHYSICIANS SAY FROM PERSONAL EXPERIENCES.

I sustained a fracture of the neck of the femur of my left leg, Feb. 12, 1902, and had a walking or ambulatory pneumatic splint applied at once, and find it very comfortable and convenient. The limb is bathed and massaged each day. I am convalescing rapidly, and from every indication I am securing good bone union without shortening, and I expect a good result.

C. R. Warren, M. D.
Chicago, March 7, 1902, 1037 West Madison Street.

On Jan. 28, 1902, I sustained a complete fracture of the right fibula and a badly sprained ankle. I had the leg put in a plaster cast, and suffered greatly until Jan. 30 (two days), when I had an ambulatory pneumatic splint fitted to the limb. I was able to walk the moment it had been applied, and the most gratifying result was the relief from pain previous to its use. I was able to be up and around all day, and on Feb. 1 was able to be out attending to my practice, suffering no convenience. On Feb. 21 (21 days) I removed the splint. There was perfect bony union and no atrophy, and but for the pain caused by the sprained ankle, I would have had no trouble in getting around without the use of a cane as a support. I cannot praise and recommend the use of the ambulatory pneumatic splint too highly, and shall always recommend its use in my practice wherever the opportunity permits.

Ad. H. Olsen, M. D.
Chicago, March 7, 1902, 628 West Lake Street.

Dr. T. A. Davis, professor of clinical surgery, College of Physicians and Surgeons, Illinois State University, strongly indorses and characterizes the treatment with this splint as being "by far the best, most perfect, modern and humane method possible to use."

RECTAL FEEDING AFTER ABDOMINAL TREATMENT.

Much of the success of abdominal surgery at the present day is attributable to the great care bestowed in the preparation of the patient for operation and the after-treatment. As in many instances the nutrition is more or less seriously impaired, the question of alimentation assumes great importance in the after-management of the case. After operations upon the stomach and intestinal tract, it may be, and often is, hazardous to feed the patient by mouth for some time, and rectal feeding becomes indispensable. In selecting foods for nutritive enemas, the point to be borne in mind is that the mucous membrane of the lower portion of the intestinal canal has but little digestive power, and hence the nourishment must be presented in such form that it can easily be absorbed. Another point is that the mucous membrane of the lower bowel soon becomes irritable unless the nutritive material is perfectly bland, and also in such condensed

state as to leave behind no residue to decompose and act as an irritant. Physiological experiments have shown that when albuminous material is transformed into albumoses it is absorbed almost immediately without requiring any preliminary digestion, and after being taken up into the circulation is rapidly reconverted into serum albumin. For this reason the albumoses are well adapted for rectal feeding, and according to the observations of Dr. J. B. Herrick, of Chicago, (Chicago Medical Recorder) and of Dr. L. H. Watson, of Chicago, (Medical Review of Reviews) somatose, which is a pure preparation of albumoses, is an excellent nutrient for this purpose. It may be administered alone in solution or in connection with other foods, such as milk and white of egg. In the official report of the case of the late President McKinley (American Journal of the Medical Sciences) it is stated that somatose was utilized in a saline solution in amounts of one drachm at a time. In the article on rectal alimentation referred to; Dr. Watson recommends that the bowels should be emptied by a preliminary laxative or cleansing injection before administering the nutritive enema. The enema should be given at regular intervals through a soft rubber tube, and should be inserted rather high into the rectum. The amount should not exceed four or five ounces. As soon as the gastric disturbances subside, the patient may be given small quantities of food by mouth, gradually diminishing the number of rectal enemas.

The London Lancet writes regarding Fellows' compound syrup of hypophosphites and says: "An admirable tonic for the nervous system and digestive organs; a valuable auxiliary in the treatment of bronchial and pulmonary diseases; highly recommended by eminent physicians all over the world."

BRIEF MENTION.

Success comes to every man, if he hustles hard enough for it.

Hydrozone cleanses and cures all kinds of septic conditions. It is an essential to successful practice.

Dr. Becker's compound digest has cured many cases of dyspepsia and may help you to cure your cases; send for a supply of samples.

One of the very best preparations ever offered to the medical profession, is Morgan's sabalol spray. Our readers can get a sample free and soon prove how efficient it is.

Do not miss Sharp & Smith's advertisement in this issue. They offer a couple of bargains and you can be sure that Sharp & Smith's goods are good even though the price is low.

The bills for President McKinley's last illness amount to $50000.00 including surgeons' fees, nurses bills, undertaking and other expenses. Congress will make an appropriation to pay this.

Since the publication of his first report on the drug, Dr. C. J. Pfeiffenberger has continued his experiments, which confirm the value of epicarin in the treatment of scabies, prurigo, and ringworm.

Dr. E. L. Graves' tooth powder is an efficient antiseptic tooth powder and we know that it is recommended by

the best dentists. Send for a supply of free samples for your patients who will appreciate them.

Gray's glycerine tonic comp. is primarily a stimulant to normal nutritive processes; it begins aright by coaxing atonic, functionless digestive organs to resume their normal work.

For catarrhal maladies, or irritations of mucous tracts, a combination of zinc acetate and albumen naphthosulphonate is recommended. It is sometimes very effective in both specific and non-specific urethritis.—La Medicine Scientific.

Superior goods and business integrity, have developed an immense business for the Abbott Alkaloidal Co. If you are not familiar with Abbott goods you are not up to the times and should send at once for samples and literature, free to Recorder readers.

Atrophy of the optic nerve is one of the most difficult diseases to treat, often the disease will continue to advance in spite of all treatment. Mercauro and arsenauro are two very valuable remedies in treating this disease, and will stop the disease in many cases.

Noitol is an eczema cure which has stood the test of time. Free samples are offered by the Wheeler Chemical Works, Chicago, which will prove its value. The Wheeler Company makes a line of valuable preparations which are worth investigating and trying.

Dr. Leonidas H. Laidley has been appointed medical director of the St. Louis World's Fair. Dr. Laidley is professor of gynecology in the Marion-Sims-Beaumont College of Medicine, is surgeon of the Protestant Hospital and is a prominent member of the St. Louis profession.

Dr. C. S. Scofield, Richford, Vt., writes: I first used bovinine in a case of pneumonia in Boston several years ago. My patient could retain nothing on his stomach until I was advised to try bovinine; I gave it to him with good results, and feel I am justified in saying it saved the life of my patient.

Many of our readers fit glasses and we wish to advise all such to buy of the Johnston Optical Company, Detroit, Mich. This is a very reliable company which makes a full line of optical goods and makes a number of valuable specialties. Physicians who fit glasses can obtain the large Johnston catalogue upon application.

Adenoids frequently occur in strumous children and are frequently a source of annoyance but not large enough to warrant operative work. Such children should be given some iodine preparation and the best is Battle's iodia, which will often effect a cure. Several clinicians have recently reported that the continued administration of iodine will cure adenoids of small size.

Dr. Christian Fenger, of Chicago, died of pleuro-pneumonia March 7. He was born in Copenhagen Nov. 3, 1840, was a Red Cross Surgeon through the Franco-Prussian war and held other surgical positions previous to his removal to Chicago in 1877. He was one of the world's greatest surgeons and the results of his work will survive him for years to come. He held various hospital positions in Chicago and as a surgical teacher, was well known.

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LEADING ORIGINAL ARTICLES.

PREVENTION OF TYPHOID FEVER.

By J. R. Etter, M. D., Crawfordsville, Indiana.

The journals teem with articles on "The Treatment of Typhoid Fever," which are all very good in their way; but I wish to call attention again, as I have in several articles in the past, to a better way—prevent the disease.

About seven years ago I made a short talk before the Medical Society at Little Rock, Ark., in which I set forth my views, backed up by more than twenty years' experience, stating that during my whole professional life I had never had a case of typhoid fever in my own practice. Well, it was real funny to see the Society, almost to a man, ready to spring upon me as though my talk was a menace to suffering humanity —or to their pocket-books—I never clearly understood which. But in about a year thereafter I had a request from one of the irate individuals, asking me to furnish him my treatment in full. And Little Rock was not the only place that I had similar experiences, yet I go on in my tranquil way, and never allow a patient to drift into this fever. I speak advisedly when I say "drift," because it is not typhoid when it begins, but simply a torpid condition of secretory and excretory systems. All the train of symptoms that follow are purely those of auto-infection. We often see long articles regarding filthy sewers in cities, citing the great menace they are to the health of its inhabitants, and thousands of dollars are spent in flushing them out. In the human body there are about twenty-five feet of sewer —more I ween, than there is of public sewer to each inhabitant in any city, and it beomes as filthy and dangerous to health as any public sewer—yea, being inside the body, instead of in the street, and in absolute contact with the absorbent system, it is many times more dangerous. The excretions from a typhoid patient are said to be very dangerous to the attendants, to those residing in the same house, and even in the same block. If this be true, is it any wonder that the patient is sick when this deadly poison is slowly filtering through his system?

It seems to me that I have already clearly indicated the treatment—clean out and disinfect the human sewer. It is very probable that the various secretions normally discharged into the alimentary canal have much to do with the disinfecting and purifying of its contents. Thus, the first symptoms we have are those pointing to lack of func-

tional activity in the organs charged with this important duty. The coated tongue, foul breath, loss of appetite, torpid bowels, etc., all point in this one direction. Next we have the languor, rise of temperature, occasional cold spells, all of which point to slow poisoning. If the poison in the intestinal tract is not sufficient to partially paralyze the muscular coat, still causing constipation, we next have diarrhea, and is it any wonder that such a substance in contact with the delicate mucous membrane would cause sufficient irritation to stimulate the bowel to get rid of it? Finally we have inflammation and ulceration of the solitary and Peyers glands. Could we expect anything else when we remember that these glands are bathed for days with a substance that would surely cause ulceration of even the skin, that even the odor arising from it is dangerous to the community. The disease is not originally typhoid fever, and it is only by unskillfulness of the physician that it so becomes.

A few words as to treatment and I am done. When the prodromic symptoms first appear, begin your treatment and don't wait, as a large number of physicians I have known, to see whether it is going to be typhoid fever or not. The proper remedies are such as are addressed to torpid secretions, clearing out and disinfecting the alimentary canal. When these objects are attained you will never, never, have typhoid fever, and don't forget it. I have found mercury to be the best single remedy that can be used. It stimulates the secretory organs, and is our most powerful germicide. In my early practice I gave large doses of calomel in these cases, but of later years I think better results can be obtained by small doses often and continuously repeated until the desired result is obtained, which is known by the feces becoming almost a jet black —never stop this part of the treatment until you have the above characteristic stools if you expect to—I was going to say abort typhoid fever, but I will say avoid it. But, even in the midst of the disease, it can be materially cut short by this plan of treatment and, contrary to general teachings, without the least danger to the patient, or of causing hemorrhage. I have carried out this plan of treatment, when called in cases that had been going on for two and three weeks, and never caused any hemorrhage or other bad symptoms; but, on the other hand, have seen the patients improved within a day or two. It is wonderful the amount of refuse that will gather in the intestines, even though the patient is eating nothing at all, and in those cases the odor will be terrific. It is not the large number of discharges that is desired, but it is the size and characteristic color. I have generally found that the first few doses given will act apparently very freely on the bowels; but, if continued, you will eventually have to give oil, salts, or some other preparation to get a free action. Sometimes the actions will be so often as to make it necessary to give some checking preparation for a while, in conjunction with the eliminant. As said before, it is not the number of actions, but the character that is to be the guide. Sometimes I give tablets containing calomel $\frac{1}{4}$ gr., podophyllin $\frac{1}{12}$ gr. every hour, especially where the bowels seem to be sluggish; and if, after ten or twelve hours, they do not move the bowels, I give a large dose of castor oil. Then, if the tongue does not begin to clear off and the appetite come up, I begin again with the calomel. Do not stop till you get results. In some cases it may be necessary to give larger doses than here indicated. After the characteristic black discharges have been obtained, a tonic treatment for a few days is all that is needed. There is no reason why any form of disinfectant should not be good in all

stages. I often give the sulfo-carbolates, etc., in conjunction with the mercury. The Woodbridge treatment is in the right direction, but he recommends just so many No. 1, No. 2, etc., but gives no rule to go by, as to when you should stop one and begin the other, so a physician is simply an automaton who uses his treatment. Each case must be a law to itself, as to dose, frequency, and length of time administered.

Physicians generally give a cathartic at the begining of this disease, but, for fear of getting a diarrhea started that they cannot stop, they fail to get the desired result. You will find in those cases that the more you give, especially of mercurials, the less the bowels will move, at least till you get the proper action on the secretions as indicated above The time to prevent or abort this disease is during the first weeks and at this time there is no ulceration of the glands, and consequently no danger of hemorrhage whatever.

OUR PERSONAL IDENTITY.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

To my mind, the inception and progressive development of worlds and organisms, is absolutely upon the same general plan. It is the blending of atoms of the different polarites thus, forming a nucleus with power to attract single atoms and grow and increase. In the beginning the central attraction is always greater than the repulsion, and will continue until these forces are equal, when increase will necessarily stop. In the inception of organisms, vegetable or animal, this plan is apparent. A germinal atom of the male positive, blends with one of the female negative; thus they form a nucleus with power to attract single atoms from their concomitants or their environments, and grow and continue to grow until attraction and repulsion are equal, when the maturity for the organism is attained of whatever kind it may be.

Every adult person requires on an average, about six hundred and fifty pounds of semi-solid, and the same amount of fluid matter, and about seven hundred pounds of oxygen annually, to maintain the organism in a normal state, while the annual waste of semi-solid and fluid matter, is only about six hundred and fifty pounds; but all of the two thousand pounds consumed by the individual is thrown in a chemically changed state by being differently compounded—the elements that form never lose their peculiar characteristics, their properties only, change as above stated.

It will be noticed that 1,350 of the 2,000 pounds annually consumed of semi-solid fluids and gaseous matter, is in an extremely attenuated form. That which is applied to mental operations is in an etherialized state and may be called thought-matter, by way of distinction. That thoughts are composed of the material consumed is a fact made manifest in persons who live in localities where the elements that are known to be necessary to true intellection, are wanting as in some of the valleys of the Alps where cretinism prevails. Scientists have proven that chlorine, iodine and phosphorus, are wanting in these localities. The brain of the idiot contains only one and one half per cent. of phosphorus, while that of a sane person contains two and a half; and in decidedly eccentric persons, it is often three per cent.

Ordinarily adult persons do not gain in weight, notwithstanding they consume two thousand pounds of matter annually; it is all thrown off after having supplied the wants of the organism, whose chemistry has changed six hundred and fifty of the thirteen hundred pounds of visible, into invisible matter That this fine matter is constantly

thrown off, and that it retains its distinct personality, is well demonstrated by the acute olfaction of the dog, enabling him to follow his master after he has left a certain place for another.

Now as there are annually taken into the adult, two thousand pounds of matter which amount is necessary to maintain it in normal working order, of course the same amount is thrown off in various forms as stated. Here the question that presents itself to the inquiring mind is this: Has this vast amount of matter that has passed through each of us, been part of our identity? If we answer this question affirmatively, then at sixty we would have our identity impressed upon sixty tons of matter because that amount has passed through our organisms in the time mentioned; but if the amount is only necessary to represent onr identity in our present environments, then the withdrawal of it would not destroy our identity, but would simply put us in different environments which would require different means to sustain our identity.

It is a well known fact that anesthetics and hypnotism will, for the time being, annihilate all the developed phenomena of the nerves of sensation and of voluntary motion; only the organic nervous system remains uninfluenced and prevents the organism from reverting to its cosmic origin. Yet, while in the hypnotic state when all the ordinary senses are in absolute abeyance, there is a train of mental manifestations often appearing, which seems to be latent in individuals, and only becomes manifest in extraordinary states of the organisms, but they exist and must be intended for use somewhere and at sometime.

We have seen persons in the hypnotic state who could not hear a loud report close to their ears, but would readily answer mental questions proposed by any one present, and always give a correct answer. Others could not see with their eyes in the usual way, but could read a book or write correctly in absolute darkness with their eyes bandaged in addition, neither could they feel. I once had a dentist extract a decayed and aching tooth for a person while hypnotized, and the operation was entirely painless. These are the most puzzling phenomena that confront the student of living organisms. Is there a finer organism in this, that will survive the wreck of this through which we now manifest our identity? This is at least a philosophic possibility, if not a proved certainty.

I have endeavored in this to demonstrate that this refining process of matter is constantly going on through the various organisms, and in whatever state we may find it, it is simply cosmic matter progressed, refined and more etherealized.

CLINICAL EXPERIMENTS WITH SALOQUININE.

By Dr. Franz Tauszk, Instructor in the University of Budapest.

Quinine still constitutes one of the most valuable remedies in the materia medica. In spite of the fact that in latter years there has been a considerable increase in the number of antipyretics and antineuralgics quinine has nevertheless not been displaced, although among the new substitutes there are some very serviceable preparations. It can not be gainsaid that the unpleasant taste and disagreeable by-effects of quinine render it very desirable to look for substitutes, and during recent years chemists have endeavored to prepare combinations of quinine which while possessing the efficiency of the drug would not share in its objectionable features.

Among the various substitutes Overlach concludes that a preparation,

known as saloquinine embodies completely the therapeutic properties of quinine without exhibiting its injurous effects. Saloquinine is the quinine ester of salicylic, and is insoluble in water, but readily dissolves in alcohol and ether. Its effect is summed up by Overlach as follows: It is an innocuous quinine preparation, possessing a specific action in the treatment of typical fevers as well as an antipyretic in acute conditions in general. It has the antineuralgic action of quinine, arrests the development of fungi, and prevents putrefactive processes, and exerts a favorable influence upon the blood-forming organs. Its chief significance, however, is an analgesic and curative agent in neuroses and neuralgias. Compared with quinine its advantages are that it is completely tasteless, does not cause tinnitus, deafness or vertigo, and has no injurious influence upon the digestive and urinary organs even when employed in large doses for a long time.

I have had occasion to test saloquinine in cases of supraorbital neuralgia, influenza, sciatica, tabes dorsalis (against the lacinating pains) muscular rheumatism, rheumatic fever, chronic rheumatism, and typhoid fever, and would remark right here that it has proved almost without exception an excellent antineuralgic but less decided antipyretic.

The patients tolerated the remedy very well excepting one case in which there was some nausea. The average single dose ranged from 7 to 15 grains; the maxium daily dose up to 42 grains. Tinnitus, vertigo, and other unpleasant concomitant effects such as are observed under the use of salicylic acid or quinine were never noted. Saloquinine combines the properties both of quinine and salicylic acid. Its analgesic effect was especially marked; in 15 grain doses it afforded considerable relief within an hour in cases of persistant violent pains. It diminished the pains in acute rheumatism in cases in which the previous administration of salicylic acid had only given slight relief. In supraorbital neuralgia, if given during the peroid of pain, it afforded only slight relief, but if administered in 30 grain doses four hours before the expected attack it prevented its occurrence. The most obstinate cases of muscular rheumatism were materially benefited by saloquinine. I was equally satisfied with its action in two cases of influenza attended with violent pains. It always allayed the pains of chronic rheumatism. During its use the course of tonsillitis seemed to be shortened. In typhoid fever it had no special action, which is probably to be attributed to the fact that its antipyretic effect is not marked. In one case of typhoid the temperature, which was 40.7° C., was not at all influenced by 7 grains of saloquinine. Reduction of temperature indeed only followed the administration of large doses, 15 to 30 grains, but even then it was not decided, amounting to not more than a a few fractions of a per cent., only exceptionally reaching one degree. A considerable reduction of temperature, however, was shown particularly in influenza and rheumatism, while the subjective improvement was proportionately greater than the reduction of the fever. If administered two hours before the occurrence of the fever in pulmonary tnberculosis, saloquinine postponed its appearance or perhaps slightly diminished it, but could not entirely prevent its occurrence.

In regard to the manner of action of the drug I would say that saloquinine best exhibits its antineuralgic and antipyretic effect when given in large doses at short intervals. Thus, I obtained the most marked action in influenza if it was given in 15 grains doses at intervals of an hour. Under these circumstances moderate sweating is observed.

Saloquinine is therefor a valuable antineuralgic and a moderate antipyretic, which in general possesses no unpleasant by-effects and may be administered in all conditions in which quinine or salicylic acid preparations have been previously resorted to. Its action is rapid and reliable in daily doses of 15 to 45 grains, and hence it is well worthy of further experimentation.

HINTS.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

For hectic condition use calcium hypophosphite and sulphide.

The man who stands up a great deal may get appendicitis because there is so much up hill all the time in the ascending colon.

The woman who wants to become a mother generally has a sex-appetite, that is the next thing to heaven.

The woman seeking to avoid conception ere long degenerates sexually till love no more can ripple out its symphonies.

Might not a musical ward in a hospital be a valuable therapeutic addition? May not music be as valuable medically as electricity, heat and the X-ray?

Why not extend the same idea to prisons as a therapeutic measure against a psychic pathology.

Civilization is fulfilling man's highest ideals when she strives to reclaim her degenerates.

Some will say it would be better still to prevent the degenerates from being produced, this is true but the difficulties are even greater.

Housekeeping should be made a department of public education of females; poor housekeeping begets filth and filth begets disease.

Free public bath houses would do more good than free libraries and free scholarships.

THE CHILDREN.

By M. G. Price, M. D., Mosheim, Tennessee.

Some one has suggested that more than one-half of our practice is among the children. If this be true and we have no reason to doubt it, we should make a very special study of the ills afflicting these little ones, hence their is no demand for an apology for calling your attention to this subject at this time.

You are called in and the mother tells you her babe is sick; it is an infant and cannot talk; how are you to find out whether or not it is sick or the nature of its ailment? This is a close question and will cause you to exercise your best wits.

The most favorable time in which to examine a child is while it sleeps. Then it will be quiet and you can note without any disturbance its posture, breathing, count its respiration and pulse, note whether its face is pale or flushed, whether the skin is moist or dry, the lips pale or tinted, you should also note the general expression, if natural or painful, presence or absence of moaning, if eyes are opened or closed, note any starting, grinding of the teeth, movements of the nostrils if any, the condition of the fontanellies whether closed or open, if pulsating unduly, if disturbed or retracted, note its size and shape of its head, if large and whether the veins are full.

Now wake up the child and note the expression whether fretful or languid, excited or quiet, see if there are dark circles under the eyes, note the presence or absence of snuffling.

If we wish to determine when the illness began it will be useful to inquire when the child became fretful.

Next we should strip the child near the fire and out of the way of the draught. Now let your eyes be keen to discover anything that may lead to a diagnosis and there are many little matters that will unerringly point in the right direction. How do you think a baby's skin should look usually. You examine and you say, "Oh, it is all mottled, what's the matter with it?" Nothing, that is the way it should look. Now move the limbs, do they move freely, or are they stiff or do they tilt the pelvis when raised up? Now look at the joints, are they swollen, are they unduly large or small? Examine its arms carefully, perhaps you may find eruptions or excoriations, examine its pelvis for all lesions or phimosis. We were once called to examine a child supposed to be suffering from paraphimosis, but we found the prepuce adhered to the glans just in front of the corona, but we had to look twice before we saw just what was the matter.

When we count the respiration we lay our left hand on its chest or abdomen and take the watch in our right hand and then count the number to the minute, from two months to two years the average is 35 per minute; from two to twelve about 18.

The tongue may be examined while the child is crying, or by pressing the under lip it will frequently protrude it.

We should auscultate the chest at the back, if this be found free from disease the breast will probably be so. Auscult before you percuss as this nearly always frightens the child.

The face is an important index to diseases in children. If we note a knit brow, contracted forehead and rolling eyes, hands constantly at the head, pulling at the hair, rolling or burying its head in the pillow, we may diagnose brain disease—symptoms from the eyes upward denote affections of the brain.

When the nostrils are sharp or distended, the lips pale or cyanozed, dark rings under the eyes, we look for heart or lung involvement.

When we note sunken cheeks, mouth drawn, lips livid or pale, legs drawn up, face wearing an anxious expression, picking at the bed clothes, we have abdominal disease to contend with.

Contracted pupils occur in opium poisoning, active congestion and sleep.

The tongue may tell us much in its own silent way. A furred, curdy tongue indicates dyspepsia and intestinal irritation. If it be red, hot and dry it will point to an inflammation of the mouth or stomach.

When marked by indentations of the teeth upon its edges and is pale and flabby it denotes great debility.

A heavy white fur indicates fever. A yellow fur indicates liver and stomach trouble. Brown fur indicates a low typhoid condition. We have a strawberry tongue in scarlet fever.

HEMORRHOIDS.

By R. L. Ford, M. D., Livermore, Kentucky.

I present to the readers of the Recorder. this subject, which is of world wide interest, perhaps more to me than many others, because I have suffered with them myself. Hemorrhoids, the etiology of which is identical with all other varix obstruction to the venous return, whether it be situated in the liver, portal vein or in the pelvis. It is surprising to know how many men and women are suffering from this annoying complaint. Every case of piles is not caused from the same thing. It is well known that anything that will retard the free circulation of blood through the liver, which is too numerous to mention tends to cause piles. Again tumors or anything by reason of their bulk interfere with the portal

circulation will have similar effect. Pelvic tumors of all kinds, fecal impaction, constipation, malignant growths, enlarged prostate, pelvic abscess, the various tumors of the uterus and appendages, any inflammatory condition which invites an increase of blood flow to the rectum such as, catarrhal appendicitis, chronic dysentery or diarrhoea, cystitis from the various causes, sexual excesses, masturbation, gonorrhoea in either sex, simple vaginitis, chancre, chancroid, epididymitis, and I might add herpes progenitalis, malignant growths of the scrotum testicles and penis, veneral warts, etc., are all causes and are enough for us to realize that the causes for piles are numerous.

The symptomatology is too well known to repeat here. So we will next outline the most successful treatment. Outside of pregnancy, perhaps constipation is one of the most frequent causes of piles, along with occupation. It would be out of the scope of this paper for me to even mention treatment for the various complaints predisposing to hemorrhoids, but to give treatment of the most common causes.

In regard to pregnancy a good abdominal support will do much toward relief; in the majority of cases caused from the state of pregnancy, as soon as that is ended the piles get well if the bowels are kept open. Next is constipation, a plain vegetable diet with plenty of fluids will assist materially. What has given me the best results medically, contrary to some authorities is aloes or aloin. Shoemaker says that aloes in large doses tends to produce hemorrhoids, so it may, but again to my opinion based upon experience, there is not a remedy with which I am acquainted, that will arouse the secretions of the liver like aloes, unless it be calomel which I object to in these cases. Aloes has some specific action on the lower bowels, it increases peristalsis not by stimulating glandular secretions but by stimulating the muscular coats. It is a well known fact that constipation causes a degree of paralysis of the bowels, and a remedy which will unload the bowels and at the same time have a tonic action on the muscular coat and liquify and increase the flow of bile, is it not reasonable, would be a remedy par excellent. Cascara sagrada being a tonic to the bowels, a good recipe would be like this:

℞ F. E. Cascara sag.
Tr. aloes aa. ℥j.
Mix: Sig. xxx drops after each meal.

This with the removal of the cause as far as possible will cure most if not all recent cases. But there are a class of cases which call for surgical interference when the veins have organized to their new caliber with clots in them and where the cause cannot be discovered or can't be removed such as unremovable tumors, etc.

Now in regard to the surgical treatment, I have operated by three methods, viz.: injection, ligation and incision the latter I prefer with one exception, and that is hemorrhages, but in the majority of instances it is not troublesome. If I have any reason to fear hemorrhages, I apply the ligature first, otherwise I slit the tumor open freely. I don't fear sepsis as much as with the ligature, and it will get well quicker, cause less swelling and pain, and can be done with local anaesthetics most generally and I have my first tumor to see return, so I will continue to operate by this method 'till I find a better or 'till I have alarming hemorrhages then I will be more cautious.

In the manufacture of silk sufficient supervision is not exercised to prevent serious contamination of the fabric.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

PNEUMONIA.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

Intestinal antisepsis should be our first thought in pneumonias.

To unload the alimentary canal should be the leading feature in the first act.

We may now profitably think like this: temperature 104°, bowels full. Fermentation, put rifaction, if it remains there long the progress of the disease will be one of many impressive acts.

Get rid of that incubus in the intestines and the lungs will right themselves if the sulphocarbolate comes to the rescue.

Now how best can we clean the bowels? If the patient is strong but in much danger give calomel 10 grains, sodium phosphate ʒj hourly and enemas if necessary. If patient is frail use small divided doses of calomel.

To down the fever use dosimetric trinity one every 15 to 30 minutes with glonoin and atropine to effect.

If the blood is contaminated use ½ grain of calcium sulphide every ½ hour.

For the cough give heroin as required but don't think you are obliged to stop cough instantly.

The writer is getting out of the habit of using poultices and external treatment unless it is to strap chest for pleuritic pain.

A few doses of acetanilid comp. are all right if the heart is promising. This is a dangerous way however to use these coal-tar producs which may cure quickly or kill.

PHTHISIS.

By W. B. Mann, M. D., Ph. G., 157 Ashbury Ave., Evanston, Ill.

A lady aged 83—phthisis pulmonalis for several years, nourished on the different infant foods, malt extracts of various combinations, milk, toast, baked apples etc.; recently had a severe chill, lapsed into comatose condition, difficult respiration, almost choked with mucous, temperature 98.5, pulse 54, respiration 110, thought by attendents to be dieing (and so she was by asphixiation). I was called in consultation, suggested hypodermic of strychnine $\frac{1}{32}$, pilocarpine $\frac{1}{16}$ repeated in two hours,, body brushed with an ordinary cloth brush more heat to feet and chest wrapped in blanket and patient allowed to sleep. In 15 minutes after first injection pulse 60, temperature 99, respiration 100. After second injection the following was used:

Tongue scraped and mouth cleansed with hydrogen peroxide.

℞ Pilocarpine,
Phytolaccin,
Quinine,
Hyd. chlo. mit aa. gr. $\frac{1}{16}$ } aa. No. vi.

Dissolved in one pint freshly made prune tea ½ tablespoonful every 4 hours. Trophonine (Reed & Carnrick's) tablespoonful every 2 hours. Improvement was imediate and constant, and patient was sitting up in chair reading her bible on seventh day, appetite good, bowels regular, generally at ease and better than she had been in many weeks. The whole situation looked

upon as almost a miracle. Surely nothing but alkaloidal medication could accomplish such results.

WHOOPING COUGH.

By T. L. Phipson, M. D., London.

Sulphide of calcium forms the basis of the treatment with many dosimetric practitioners. Oliveira Castro recommends one granule every hour, Westwood Wilson four to six granules a day, according to age of the child; the latter also prescribes a few granules of emetine to promote expectoration. Many able physicians avoid emetics on account of the prostration they produce.

Dr. Burggraeve says sulphide of calcium is indicated in whooping cough, but as the latter is an intermittent affection, the granules of hydroferrocyanate of quinine must be added. He prescribes one granule of sulphide of calcium and two granules of hydroferrocyanate of quinine every hour for a child of five years. If the attacks degenerate into bronchitis, or bronco-pneumonia, he gives brucine, aconitine and digitalin, two granules every quarter of an hour, and one granule of hyoscyamine if there is spasm, until the desired therapeutic effect is produced. He also recommends revulsives to the lower extremities.

Dr. Basc treated a case successfully this way. It was that of a child five years of age, who suffered from violent and frequent fits of coughing, with symptoms of suffocation, the face becoming blue and congested, the eyes prominent and inundated with tears, cotinued vomiting and intense fever.

SPARTEINE.

Sparteine is a volatile liquid alkaloid obtained from the tops of the cystisus scoparius, of Europe. Sparseine sulphate is the sulphate of the alkaloid and is crystalline powder readily soluble in water and alcohol. Sparteine is used in valvular lesions of the heart, exophthalmic goitre, angina pectoris. Dr. S. Solis-Cohen, in American Medicine, states that sparteine occupies a high place among cardiac tonics and diuretics. He states however, that the general practitioner is disappointed many times in its use because of improper dosage and methods of administration. In his opinion, in order to obtain the full effect of sparteine, especially as a diuretic, it is necessary to begin with rather large and oft-repeated doses. For example, grain one-half to grains two may be given hypodermically every second hour, for three or four doses; after that the drug may be given by the mouth in gradually lessened quantities and at increased intervals, until after three or four days the patient is taking grain one-half three times a day by the mouth, and after a week's time ¼ grain three times a day, with now and then an administration of one or two large doses. In following this method of administration the effect upon the pulse, in its tension and frequency, as well as the cardiac force, must be watched closely to avoid overdosing or underdosing. When the patient is not bedridden, such large doses are not to be advised; one should then begin with ½ grain four times a day and increase or diminish the dose according to the effect, keeping in mind that the point is to get the patient rapidly under the influence of the drug by the maximum dose tolerated and then prolong the effect by the minimum dose effective. In using this alkaloid a good preparation must be used to insure satisfactory results. The sparteine granules made by the Abbot Alkaloidal Co., of Chicago can be relied upon as they are carefully prepared from a reliable alkaloid.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

ACUTE ENDOCARDITIS—OUR PRESENT KNOWLEDGE OF IT.

Physicians used to be satisfied with distinguishing two types of endocarditis the benignant and the malignant or ulcerative. The line between them could not be drawn clinically or anatomically, the diagnosis being made mostly according to the outcome. When the patient recovered, it was benign, if he died it was the malignant form. Not more than six years ago the discovery of micro-organisms on the valves of the heart was made and further investigations in the same direction have established beyond doubt the position, that acute or infectious endocarditis is a disease of bacillary origin. The view that it is in all instances secondary is still slightly combatted, but will probably soon be accepted as the only correct one. At times only one bacillus has been ascertained, the one of the disease in the course of which the lesion of the heart develops, pneumococcus, gonococcus, b. typhosus, b. tuberculosis etc. In certain cases. however, the endocarditis is the result of mixed infection, when more than one organism can be isolated from the endocardium and the blood, a specific one together with such as the bacterium coli commune, staphylococcus pyogenes aureus, streptococcus pyogenes. Acute endocarditis comes in the course or as the result of one of the various infectious diseases, typhoid, pneumonia, rheumatism, gonorrheal arthritis, puerperal or traumatic sepsis, diphtheria, mastoiditis, etc. It is quite likely that an endocardial affection may be produced not only by the bacteria themselves, but also by their toxins, although there is some doubt yet on the point. If this be true, there is every reason to assume that other chemical products, as those resulting from disordered metabolism, malnutrition or malignant growths, may also cause endocarditis. Altogether, acute endocarditis is a general toxemia or bacteremia with localization in the heart, where an affection is set up corresponding in virulence to the degree of intensity of the infection. It is probable that the diagnosis of endocarditis is often not made at all, other conditions absorbing the physician's attention. Undoubtedly it is often mistaken for typhoid fever, sometimes for tuberculosis or malaria. Still the differential diagnosis can readily be made by means of examination of the blood and excreta for the plasmodium, the tubercle bacillus and the Widal test. Heart symptoms developing in the course of an infectious disease may be looked upon as of a hematic character, other symptoms as logical complications. Perhaps the most characteristic symptom which should lead the careful review of the case, is great instability and arhythmia of the heart's action. A heart during examination may beat 100 to 120 times a minute, suddenly it jumps to 150 or more beats per minute, and then again quickly drops to the former rate or lower. When in the course of prolonged febrile disease with frequent chills and great loss of strength, finally embolic phenomena appear, such as petechiae, albumin and casts in the urine, hemoptysis, paralytic conditions, aphasia, blindness, retinal hemorrhage, then we may be sure of the diagnosis. The whole subject is of

considerable scientific interest. Practically it does not seem to make much difference, whether a diagnosis has been made or not. For besides the general treatment for sepsis, for the endocarditis there is nothing to be done. There may be hope in the future, if serum therapy ever becomes developed to that point, that for every bacterial infection its special antitoxin is given. Then it would be merely a question of determining, which microorganism is responsible for the affection of the endocardium.

MEAT INSPECTION.

Recently there were found in the Buffalo stockyards dressed hogs, evidently infected with smallpox. As Dr. Ernest Wende declared this, the medical profession will not doubt the correctness. The animals had come from a district where smallpox had been prevalent, and the occurrence may furnish a clue to the spread of the disease in recent years. The need of thorough inspection of our meat supply is thereby emphasized. Such inspection is carried on in the large packing establishments, how reliable we do not know. But the smaller country towns are principally in need of proper supervision of the meat business. Most of those business concerns disregard every sanitary regulation and constitute a serious danger to public health. The condition of slaughter houses is simply incredible and the animals killed there too often entirely unfit for food. Good stock is shipped to the large cities, the decrepit, suspected or positively diseased used for the local demand. Even good sound meat is apt to become contaminated by the filth in the slaughterhouse. The writer draws not on his imagination, but on his knowledge of actual conditions. If the public could know it fully, would not the ranks of vegetarians be greatly increased? In small cities and rural communities the authority to make and enforce proper regulations lies with town councils, county commissioners, or similar bodies. But it is very difficult, as every medical health officer knows, to induce such men to make the necessary moves, for they are generally lacking in backbone. To give women places on such boards, would be an excellent idea, they are not afraid to act, when it comes to the abolishing of actual nuisances. Best of all would it be, to place the inspection and regulation entirely into the hands of state or national authorities and give them large powers for the purpose.

CONGENITAL DEFECTS OF THE ANUS.

Apropos or a report in the Brit. Med. Journ. of Feb. 1, 1902, of three cases of congenital defects of rectum and anus, the writer may tell his experience with a case, about twenty years ago. By a young mother, far advanced in pulmonary tuberculosis, a weakly baby was born, of very low vitality. On the next day attention was called to the fact, that no discharge from the bowels had taken place. I found a well marked raphe, but no trace of anus, nor bulging of rectum. Nothing to do, but to cut for it. I was fortunate enough to strike the blind pouch of the rectum, bring it down and stitch to the skin. Child died next day, mother day after—father survived. Since that experience I have never attended a birth, without investigating condition of anus and rectum of babe. The condition is very rare, though, for according to Keating, it occurred only three times in 66,654 deliveries in the Lying-in Hospitals of Dublin and Vienna.

CANCER BACILLUS.

Speaking of cancer it may be of interest, that at the recent congress of the German Chirurgical Association no less than six surgeons reported the discovery of the cancer bacillus. Each was quite different from the others and none of the doctors could give a satisfactory demonstration.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

NITRO-GLYCERIN.

I read Dr. Rothrock's communication on nitro-glycerin in the March number of this publication with much interest, giving its discovery and manufacture. I have practised and lived in the Pennsylvania petroleum and natural gas regions for the past 25 years where they use nitro-glycerin in 80 and 100 quart doses to torpedo oil wells. Dr. Roberts, of Titusville, Crawford Co., Pa., had a patent for 17 years that covered the fluid in the well, and the nitro-glycerin explosive. He cleared a million or two during the 17 years he held the patent of nitro-glycerin and the fluid tamping in the oil wells. The oil operators had to duff up $75 or $100 every time they wanted to increase the production of their wells by a liberal dose of nitro-glycerin consequently moonlight torpedoists were common in those days. I was subpoenaed before the U. S. court in Pittsburg to testify in the interests of Roberts as to how many I had treated for nitro-glycerin headaches, that being evidence of the victim being a moonlighter or illegitimate torpedoist. The cyanosis caused by inhaling the fumes or getting it on the skin was sufficient evidence to condemn a man as a moonlighter in the torpedo business. The above may be of interest to readers outside of the oil or natural gas regions which extends to many states in the Union now but in 1861 was confined to Oil Creek in Venango and Crawford Counties, Penn.

DR. R. L. PATTERSON,
McDonald, Pa.

QUININE AND POST PARTUM HAEMORRHAGE.

Dr. Price in March Recorder politely picks me up as to the use of quinine in labor. As to possible(?) haemorrhage I suggest the use of atropia, strychnine and bed foot elevation to prevent possible haemorrhage. Now I never had a case of post partum haemorrhage that amounted to shucks anyway.

After quinine and minus the above mentioned measures I observed that more blood was lost. I am very sorry if this observation is likely to hurt anybody. Really the authorities that Dr. Price quotes to prove that quinine does not encourage post partum haemorrhage are way up fellows. Any personal observation of a sage-brush doctor against their ipse dixit better go unhatched. Dr. Boynton instead of looking up the opinions of Drs. Bartholow, Potter, Butler, Shoemaker, etc., is busy reading the Recorder, the Brief, the World, the Alkaloidal Clinic, the Medical Council, the Summary, Merck's Archives, etc., where the every day doctor flings his little wad of experience against the proboscis of authority sometimes.

Dr. Price asks why I did not suggest cleaning out the possible clots with the hand. Well I am sorry to say I did not think of that at the time I was writing—Dr. P. should not expect me to think of everything. I was talking about preventing the clot—See?

Dr. P. asks how can a uterine stimulant cause haemorrhage? Answer—Are all stimulants haemostatics?

He also asks "How if quinine contracts the womb can it promote haemorrhage." Now such reasoning may be very scientific, (the writer is merely an observer) but his watch words have been so long, "Do something," and "Get there," that he don't sabe very well. In using drugs he is often re-

minded of driving a razor-backed rooter through a hole in the fence.

C. E. BOYNTON, B. S., M. D.,
Los Banos, Cal.

VARIOLA.

The term variola was coined in the middle ages, to designate a disease not known to writers of antiquity. It comes to us from the Latin varius (variegated) and for several centuries was used to designate measles as well as smallpox.

The term pock (a bag or pouch) which was variously spelt, is of Saxon origin and the plural of pock (pocks) is what we now write, pox. There was no smallpox until the fifteenth century, which is to say, pox and smallpox was all one thing. The large pock or simply pox, is now called syphilis. The bubo of syphilis is a great pock. The origin of syphilis, rests in obscurity. The word probably came from the Greek (sipalos) and signifies dirty or shameful. Its origin is impurity. Whether small or large, a pock is a bag or pouch filled with pus. In smallpox there are some times thousands of these little abscesses in the skin or mucous membrane; in syphilis there are only one or two.

Now an abscess seems to be nature's method of eliminating from the system dead or waste matter that can not be readily eliminated by the depurating organs.

For the first description of smallpox, as such (though the same condition might have been known by other names, perhaps plague or pestilence) we are indebted to Arabian physicians, Phazes and Avicenna. These physicians considered measles and smallpox as modifications of the same disorder.

Sydenham was the first to make the distinction between smallpox and measles, and at the same time divided smallpox into two kinds, the distinct and confluent. His distinction was, evidently, one of degree and not of kind. But Sydenham introduced an important change of treatment—the cooling regimen, light bed coverings, and fresh air. Previous to his time the sweating process and the careful exclusion of cool fresh air was the common practice, and this no doubt largely accounts for the great mortality that formerly accompanied this disorder.

Before proceeding to describe smallpox we must remind the reader that the appearance which it represents in different cases are singularly diversified. The number of pocks, may vary all the way from one single pock upon the finger or elsewhere to more than twenty thousand, almost completely covering the skin, and also the lining membrane of the mouth, fauces, throat, lungs, stomach and bowels. Where the disease is slight and if the person has been vaccinated it is called "varioloid" (resembling smallpox) and where there is only one or two pustules, it is often called chicken-pox. Some cases not very severe, have been pronounced German measles.

Some think that smallpox arises only from contagion as first taught by Boerhaave, although it is evident and logically conclusive that the first man who suffered with small pox did not receive it. In the first instance it must have been developed by unhealthy conditions, and since nature's laws are uniform and constant, it must be again and again so developed, wherever the same or similar conditions are allowed to exist.

We must not forget that no isolation or quarantine can ever be made perfect, and if it could, still it could not possibly prevent the development of this disease from unhealthy living, as in the first instance.

The only perfect protection can be secured by keeping the blood and body at all times properly cleansed inside and out.

Some persons are susceptible to contagion others are not, and it is not difficult to determine who are and who are not. Fire will not burn where there is not fuel. Fermentation will not take place in pure water; but stagnant water becomes impure and may then ferment. Every plant, germ and insect has its natural habitat, and its natural conditions of life. Without these conditions it can not live or propagate. Germs of lower forms of life are always present, sooner or later, wherever conditions favor, and it is impossible to exclude them unless we exclude at the same time atmospheric air, or oxygen, which is equally necessary to the existance of man. So contagion or infection may hasten disease in the susceptible, but cannot impart it to those whose bodies are clean within and without.

A pustule or abscess, is the result of inflammation and no inflammation can take place when the blood is pure and the circulation unobstructed. The clogging of some part of the circulation with an excess fibrin, waste or other impurities is essential to inflammation. No clogging, no inflammation and no pustules.

We think smallpox is, no doubt infective to persons susceptible to its effluvia, and it is not wise for any person to expose himself unnecessarily. The attack follows exposure, if at all, not immediately, but after an interval of about two weeks (possibly one or three weeks), which interval is called the period of incubation. The attack begins with pain in the head, neck and back, chills and fever. If the stomach is foul there will be nausea and vomiting. There may be hemorrhage from the nose, stomach, and bowels or uterus.

The eruption (at first pimples) may be seen at the end of two or three days on the face, chest and wrists, and gradually extending over the body. Third or fourth day from their first appearance, the pimples are converted into vesicles containing a thin fluid, and later into pustules containing thick, opaque matter. They break and discharge, and if the pus is allowed to dry upon the surface it forms sacks or hard crusts; and when the scales fall off they leave pits or marks that disfigure the face. If the surface is kept soft or moist without too much irritation during the discharge of the pustules the pock marks may be avoided.

We must remember that the mildest form of varioloid may communicate to a susceptible person a severe form of smallpox. Persons have been known to have smallpox five times (see Baron's "Life of Jenner"),

The diffusion of intelligence in regard to the true principles of health and medical treatment will be the true prophylactic against infectious disease.

JOSIE OCASEK, M. D.

Delavan, Wis.

ANTITOXIN AND VACCINATION

Please allow me to congratulate the Recorder on its continued liberality in things medical as shown in printing the excellent truths of Drs. J. L. Wolfe and H. Speier. They should be thoroughly digested by the many who enthuse over antitoxins and by those who condemn vaccination. The one never proved upon the well unless mixed with a known, proved antiseptic; the other well proved daily in many quarantine stations all over this and other countries.

St. Paul, Minn. R. B. LEACH, M, D.

A LOOK BACKWARD,

POST PARTUM HEMORRHAGE.

Post partum hemorrhage page 310 October No. Recorder reminds me of my own experience.

It has been said when the anxiety

of the woman in labor and her friends have been allayed by the birth of the child, the anxiety of the medical attendant has but commenced. This is true to a great extent, as post partnm hemorrhage occurs suddenly without any warning. There is but little time to think or waste, trustworthy and accurate knowledge in this emergency is of the greatest value, and prompt action is imperative if the life of the woman would be saved. Work must be done quickly to prevent life's blood ebbing away in this untoward emergency. No doubt hemorrhage begins in some cases of post partnm hemorrhage some time before labor is completed. The worst cases occur between the birth of the child and expulsion of the placenta and as the head is passing the vulva, there is more danger as the flow is more profuse. Removal of placenta, membranes and clots as quickly as possible and firm contraction of the womb is the watchword of safety for the mother. Sometimes a prognosis may be made by a knowledge of previous confinements, if a multipara, and by a quick after delivery as a warning of impending hemorrhage, but it is not often that judgment can be formed of a present case by what occurred in a former case of labor. We should never lose manual control of the uterus after delivery and it is a good practice to give a dose of ergot or cimicifuga, 20 drops in most cases, just before termination of labor. The hand should follow the child down with pressure on the womb until expulsion, then grasp the womb firmly with pressure down if the placenta has not been expelled and if there is no hemorrhage, we wait a minute to five minutes, remove it and procure firm contraction of womb. We remain at least an hour after delivery; if the pulse is under a hundred, ninety or less, and mother and child progressing as they should we depart. Distention of the urinary bladder is occasionally a cause preventing proper contractions and if allowed to continue will cause powerless labor, uterine inertia, or rupture of the bladder In protracted cases of labor supporting the strength of the patient is very important by administration of easily assimilated food in case of weakness, maintaining vigor and thus combating exhaustion, uterine inertia, hence, later post partum hemorrhage.

The treatment of post partum hemorrhage is to remove the placenta if it has not been expelled, all clots, etc., manual stimulation (manipulation) external and internal, alcoholic stimulation, compression of the uterus and aorta by pads of compresses and bandage around the body and over the uterus; any degree of pressure can be used and the hemorrhage checked immediately. In a few minutes, compression will prevent the return of bleeding, but if it should return pressure can be again used in a second. Not a drop of blood should be allowed to be lost as shock often kills. Compression of the uterus in position of anteflexon will sometimes check the flow. We should not risk it much. The use of ergot per orem and hypodermically is very successful. So is cimicifuga and when properly used will check the hemorrhage. Ergot by producing tonic and clonic uterine contractions of the muscular fibres causing expulsion of clots, etc., from its cavity contracts blood vessels increasing blood tension decreasing the bulk of the organ by producing a tonic contraction of all of its muscular fibres. Squeezing as it were, hence lessening the blood supply to the womb. Cimicifuga acts the same. We have used them both in post partum hemorrhage with success by mouth and hypodermically. We have used cold and heat, have had more success with hot applications, have used turpentine, vinegar, astringents of various kinds, iron

swabbing, injections; have never used packing, tampon, in post partum hemorrhage. We will illustrate the treatment of all. We have not had many cases of post partum hemorrhage in our individual practice but have attended a good many cases in consultation.

Case 1. M. T., twenty-one years of age, primipara. Began to bleed as the child's head passed the vulva, in labor eight hours, hemorrhage free, lost over a pint of blood or more. There was marked pallor, restlessness, pulse soft, not very quick, vagina filled with clots, and bright red blood, pulse became rapid feeble and bleeding increasing. The hand was pushed quickly into the uterus which was filled with clotted blood, placenta attached to right side. It was removed with clots, folded cloths were laid over the womb, a bandage around the body, firm pressure was made to compress the uterus and aorta. Pressure was made by my hands until compress and bandage were in place. One drachm ergot fluid extract had been given before this. Hemorrhage ceased in a minute or so, pressure was continued about ten minutes, there was no more hemorrhage, pulse was so feeble by this time that one ounce of whiskey made into toddy was administered. Uterus contracted nicely. She rallied quickly and mother and child did well. Whiskey did not "favor a collapse."

Case 2. S. H., forty years of age, married, two children, previous labors easy, in labor eighteen hours delivered with instruments. A profuse gush of blood appeared on delivery. My left hand clasped the uterus, with the right hand the clots were turned out and placenta removed. Manipulation continued outside and inside. Gauze saturated with vinegar was carried up into the womb rubbed around inside and the vinegar squeezed out of the gauze; this was repeated twice, bleeding stopped. Compress and binder were put on. She must have lost fifty ounces of blood, as near as could be estimated. This patient was a small anemic looking woman, pulse quick and weak, 125; gave her whiskey one ounce in toddy, in half hour gave strychnine hypodermically $\frac{1}{100}$ gr. She was very feeble, face pallid with anxious expression. In an hour strychnine $\frac{1}{60}$ gr., elevated foot of bed, condition improved, gave another dose of whiskey one-half ounce. Three hours from birth of child we left. Notwithstanding her anemic condition and large amout of blood lost, she recovered without any trouble.

Case 3. M. R., 22 years of age primipara, as the head of the child passed the vulva, blood gushed, child and placents delivered same time, hemorrhage quite free. We injected ininto the uterus subsulphate iron one drachm, hot water one pint, and bleeding controlled; compress put on with bandage. About a pint or more of blood lost. She was pallid from shock, foot of bed raised invite blood to brain, a dose of ergot had been given. In two hours she was all right, pulse good, no more bleeding.

Case 4. S. B., 35 years of age, four children, married, called at four p. m., delivered next morning about day break, had trouble with this patient through the night. Os slighted dilated pains increasing, more force about 10 p. m., looked like termination of labor would be soon. Os dilated considerable about midnight, os fully dilated, head filling cavity and in first position. But the pains became weaker until they ceased and amounted to powerless labor. She was delivered with forceps and hemorrhage occurred. Ergot and pressure controlled hemorrhage.

The above cases outline a type of all, which to enumerate would be useless and take up time and space. The treatment given proved successful in every case. E. C. Rothrock, M. D.
Tennessee Colony, Tex.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

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SURGERY OF THE HEART.

Reasoning upon cases of surgical management of injuries of the heart, which though not frequent, have of late years been reported, the well known physician, Sir Lauder Brunton of London, has conceived the idea of invading the heart surgically for the relief of the contracted mitral orifice. So far he has experimented only on lower animals and postmortem on diseased human hearts. He makes a flap by cutting through the soft parts outward from the left edge of the sternum and dividing the fourth and fifth ribs. Turning the flap over to the right, the pericardium is exposed which is incised and a fine knife is then passed into the cavity of the heart. It is strange that such a bold suggestion should have first been made by a physician and not a surgeon. While it is not apt to be taken up very generally, it may yet in time become a recognized procedure. It is not so long ago, since operations in the abdominal cavity were an innovation, thought very bold, while to-day they are being resorted to daily.

CANCER AND THE X-RAY.

Much attention is being paid by physicians and the lay press to the reported cures of cancer by means of the X-ray. Dr. Williams of Boston is chiefly active in that new line of investigation and has reported quite a series of successful cases. So far, however, all the cases he has reported and exhibited, were of the superficial variety only. It is very questionable if the X-ray possesses any specific action on cancer tissue and if its effects can follow up the lymph channels, along which cancer infection progresses. Therapeutic value of the X-ray, similar to that of the Finsen concentrated light for lupus, seems to depend on actinic action on cells of low organization and vitality. In deepseated cancers, like those of the stomach, it has so far proven ineffective.

A MEDICAL UNION.

The active measures the various trades are taking for their own protection causes us to reflectively compare their methods with the methods of our profession. The trade union pulls together for good pay for all its members; it limits the number of apprentices who shall learn trades and in other ways works for the common good.

Instead of limiting the number who enter the ranks we are constantly urging, through our medical colleges, others to enter an already over crowded profession. Why not have a medical union which will work as strenuously for the good of the profession as the trade union does?

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, Comprising ten volumes of the year's progress in medicine and surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IV. Gynecology, edited by E. C. Dudley, A. M., M. D., Professor of Gynecology, Northwestern University Medical School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago. With the Collaboration of Wm. Healy, A. B., M. D. March, 1902. Pages 212. Cloth, $1.50. Price of the series, $7.50. Chicago, The Year Book Publishers, 40 Dearborn St.

The editors have succeeded in selecting for abstracting articles from the contributions of past year and a half which bring out the late advances. Brief editorial comments have been introduced in some parts of the book. The recent literature, as presented in the volume, shows progress in the following subjects: (1) The application of scientific gynecology to sociologic problems. (2) The differentiation of pelvic infections with reference to etiology, symptomatology diagnosis, prognosis and treatment. (3) The critical study of statistics especially as they relate to infections, neoplasms and displacements. (4) Careful balancing of the relative indications for gynecologic operations. The book is illustrated with numerous cuts.

COMPEND OF GENERAL PATHOLOGY. By Alfred E. Thayer, M. D., Assistant Instructor in Pathology, Cornell Medical College; Pathologist to the City Hospital, etc. Pages 322. Cloth, 80 cents net. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St.

This compend has been prepared to meet the practical needs of the student, controversial matter being omitted. The chief text books in English, French and German have been consulted in writing the work so that it is in accord with recognized authority. The book presents a very good summary of general pathology. Considerable space is devoted to bacteria and the text and illustrations make a good working guide in the study of the subject. The book is thoroughly up-to-date and gives the latest views on pathology. The medical student is not the only one who will find the book useful.

The practitioner who wishes to read up a little on pathology will find the work satisfactory. The many advances made in pathology in the last few years make it necessary for the practitioner to read such a book to keep abreast with progress. The author has done his work well, presenting the essential part of the subject and discarding less useful matter. One chapter explains how to make a post-mortem examination and gives the best methods for preparing pathological specimens. The book contains 78 illustrations, some being full page colored plates.

THE GENERAL PRACTITIONER AS A SPECIALIST. A Treatise devoted to the Consideration of Medical Specialties. By J. D. Albright. Second Edition, Revised and Illustrated. Pages 300. Cloth $3.00. Published by the Author, 900 W. Forty-eighth St., Philadelphia, Pa.

This book opens a mine of practical information which the general practitioner can use to great advantage. Some of the doctors who travel from place to place advertising wonderful specific are really skillful and sometimes effect positive cures for which they get good prices. This book gives the reader the details of the secret systems of treatment used by these advertising doctors as well as the methods of the best specialists. The treatment of drug addiction and the liquor habit is first discussed in detail and various methods of treatment given. The author then presents the different secret methods used in the treatment of hernia. Next diseases of the rectum and anus receive attention. Cancer is dealt with at considerable length and we think the formula is given of about every cancer paste which has ever been used. If any doctor wants to go into the business of treating cancer he can get all the practical information extant on the subject. Chapters are devoted to the treatment of nasal diseases and diseases of women. The various secret methods of treating goitre are fully explained. Dr. T. W. Williams, of Milwaukee, contributes several chapters in which he presents the treatments of diseases of the prostate gland, varicocele and hemorrhoids. Space does not permit us to mention all that the book contains but suffice it to say that it contains a large amount of instruction which every physician can use in daily practice.

BOOK NOTES.

The Wisconsin Arbor and Bird Day Annual for 1902 issued by L. D. Harvey, State Superintendent of Schools, is an interesting work of about 100 pages. The book shows much careful work by Supt. Harvey but will repay his efforts by the good it wiil do. The book is nicely printed and illustrated.

The Household for March is a very helpful issue of this practical, family magazine. There are many useful articles on household matters in this number, which will interest the doctor's wife. Several articles are devoted to descriptions of modern bathrooms; anyone putting in a bath-room can get some good suggestions from these articles.

Everybody's Magazine for April is a splendid number of this delightful magazine. "A Prince of Deep Sea Science," by C. P. Lyle, Jr. tells of the Prince of Monaco and his extraordinary work in deep sea exploration, "Modern Cliff Dwellers; Gannets, Murres, Auks," by H. K. Job is the third article in his interesting series on wild water fowls, "Booker T. Washington," by Walter H. Page is a fascinating biographical sketch. Other articles, good fiction and beautiful illustrations make the April issue of the magazine of great interest.

McClure's Magazine is always good and the April issue is no exception to the usual high degree of excellence. "The Over-worked President," by Lincoln Steffens, is an interesting article, "Rembrandt" is a good article in the series on great artists by John LaFarge. This article is illustrated with reproductions on tint of some of Rembrandt's greatest paintings and etchings. "Messages to Mid-ocean," is Marconi's own story of his greatest triumph. These are only a few of the articles of merit in this issue. The best of fiction and illustrations complete the number.

Chief among the features of the April Ladies' Home Journal is the opening installment of Helen Keller's own story of her life. The fact that this, and all the autobiography which

is to follow, were actually written by the wonderful girl herself is only equalled by the remarkable literary merit of her production. There is a delightfully personal article about "The President's Daughter," accompained by a hitherto unpublished picture of Miss Roosevelt. Neltje Blanchan tells "Why the Birds Come and Go," and The Journal's two splendid serials, "Those Days in Old Virginia" and "The Russels in Chicago," are given space. Mr. Bok discusses several timely subjects on the editorial page, chief among them the growing tendency of the American father to neglect the companionship of his children. The departments are more interesting and helpful than ever.

Lippincott's April Magazine, publishes as its complete noval (for which it is noted) a love story of the West Indies by John S. Durham, Ex-Minister to Haiti and Santo Domingo. The setting of "Diane, Priestess of Haiti," is therefore drawn from sight, while the plot shows a marvellous imagination. This number also contains several admired stories and a number of valuable articles on subjects of interest. A paper containing "Some Advance Hints to Travellers," by William Howard Francis, warns the traveller of impositions he will meet with on the other side of the Atlantic. This is interesting as showing the difference between America and Europe in hotel customs and other characteristics, with the balance always in favor of America. Eben E. Rexford presents one of his practical papers, "A Garden of Native Plants." With Germany so well to the front, the article by J. G. Rosengarten on "German Influence in America" is a valuable addition to the literature on the subject by an authority.

"Success" for April is a wellspring of inspiration, delight, and comfort to the magazine reader. It is also a splendid symposium of up-to-date information, and a lively mentor of the world's affairs. It opens with a new poem by Edwin Markham, the famous author of "The Man With the Hoe." The poem is entitled, "The Dream of Pilate's Wife." Justin McCarthy, the eminent author and politician, contributes an important article, entitled, "Humor Is an Element of Life." Frank Hix Fayant presents another of his interesting and timely industrial articles on the building of powerful locomotives for the world's trade. Maxim Gorky, once an unknown Russian peasant, but now among the first of the literary celebrities of the day, is the author of an allegorical story, entitled, "The Song of the Wounded Falcon,"—a strong piece of literary work, showing the great power of truth. William T. Stead caustically solves tne meaning of Prince Henry's present visit to the United States; Cy Warman writes of "The Conquest of Alaska." There are numerous other interesting features in this issue, that will appeal to all classes of readers.

It is not everyone who knows how to properly open a new book. In opening a large volume, especially, it is very easy to spoil the book if it is opened carelessly. Modern Bookbinding says: Hold the book with its back on a smooth or covered table; let the front board down, then the other, holding the leaves in one hand while you open a few leaves at the back, then a few at the front, and so on, alternately opening back and front, gently pressing open the sections till you reach the center of the volume. Do this two or three times and you will obtain the best results. Open the volume violently or carelessly in any one place and you will likely break the back and cause a start in the leaves. Never force the back of the book.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Vaccination Protects.—A parish priest in London preached on parish reform and stated: In the town of Gloucester there is a beautiful cemetery, and in one corner of the cemetery there are the graves of not less than 280 little children, all under 10 years of age, all of whom died seven years ago when a terrible attack of smallpox visited that town. Of these 280 children that died of smallpox, 279 were unvaccinated and only one was vaccinated.

Flies—While it is generally understood that flies carry contagion yet sufficient attention is not given to protecting foods from infection by them. Health very sensibly remarks: In densely populated districts there are myriads of flies and other vermin that are the most perfect carriers of disease that can be imagined. When we take into consideration the fact that many disease germs are so small that one foot of one fly may convey enough of them to start an epidemic, one may begin to realize the dangers that everywhere beset our path. A fly, after walking over garbage and sink drainage, has been examined, and upon each of his feet typhoid germs were found. The insect was caught and killed before it had time to infect any of the food that was exposed in the shop windows, and which furnished the most admirable of mediums for culture for the typhoid bacillus. Too much care cannot be taken in keeping food from vermin of all sorts. Roaches, rats, mice and other small fry carry about with them and distribute among the human family, many more ills and evils than we would be willing to recognize, leaving the question of harbouring them entirely out of discussion.

The Metric System.—The Medical Herald gives the following sensible view of the use of the metric system: It is true, that the system is simple, it is accurate, it is valuable, it is a time-saver, and yet for an excellent reason it will not, in this generation, if ever, become universally accepted. It is strange, indeed, that the reason referred to has not carried with it more weight among the ardent supporters of the system under discussion. We use the metric system in our money affairs, but we never talk it. Instead of referring to ten cents as one tenth of a dollar, or five cents as one-twentieth of a dollar, we call five cents a nickle, ten cents a dime, and twenty-five cents a quarter of a dollar. Here is the key to the situation: The Anglo-Saxon mind from time immemorial has thought in halves, quarters and thirds, not in tenths, hundredths and thousands, and no legislation in the universe, and no amount of rabid criticism will change the situation. Let the publishers of text-books learn wisdom from the situation, and not break their financial heads against the stone-wall of opposition, which this law of thought presents, and which they are powerless to change, and, while printing their books it is eminently proper that they should incorporate the metric system for those who desire it.

Removal of Gun Powder Stains.—A number of physicians have recently reported very successful results in the

removal of gun powder stains with hydrozone. These reports demonstrate that this method is the best mode of treatment. Dr. E. G. Corbett. of Hampton, Fla. reports: On Christmas day a boy of twelve filled a vaseline bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocain. After the operation I used a fifteen per cent. solution of hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of hydrozone and glycerine. The eyes are well and powder stains have disappeared from the face.

Literature in Doctor's Offices.—Every physician will find that it pays to keep late copies of current magazines in his reception room for patients to look at while waiting. We have always made it a practice to do so and we find that our patients appreciate it. Time passes much more quickly if one can look over one of the attractive, illustrated magazines of the day. Edward Bok thus hits off this matter in an editorial in the Ladies' Home Journal: It is really amusing, when one stops to think of it, how seldom one finds current reading matter in doctor's offices. To find a periodical less than a year old is the exception rather than the rule. The only two explanations I have ever heard of the why and wherefore of this condition of affairs is that the doctor's family demands the current literature, or that the patients have a way of "borrowing" the magazines from a doctor's office if they are of current date. The first explanation, I fancy, is closer to the actual reason, and yet it does seem that the average physician or dentist could afford to buy an extra copy of a magazine now and then for the benefit of those from whom he derives his income. The mind is generally absorbed with unpleasant thoughts in a doctor's office, even when the body is free from pain. And anything that can divert the mind while waiting for a doctor is a positive godsend.

Vaccination.—Dr T. F. Campbell, of Omaha, Neb., has an excellent article on vaccination in the Philadelphia Medical Journal. The facts which he presents cannot be disproven. Because in the past contaminated vaccine has been supplied or vaccination improperly done, does not in any way controvert the fact that vaccination aseptically performed with good glycerinized lymph is a safe procedure and does give protection from smallpox. Dr. Campbell says:

One hundred years ago a smooth face was as rare as a pitted one is today, and this improvement and the mitigation of the disease is due to vaccination.

At that time it seems that the wealthy ladies with pitted faces had begun to notice with serious concern the much better complexions of their maids, and it was then discovered that milk-maids who contracted cowpox from cows were subsequently immune to smallpox.

Hence, vaccination, (vacca, a cow) the whole elaboration of each is accredited to the immortalized Dr. Jenner in 1798.

The question had been mentioned by medical observers for some time previously; and like all additions to public welfare, it was a matter of composite and gradual evolution, culminating about the time mentioned in the records.

Since then and along with the march of antisepsis, vaccine has in the last decade been practically purified of all extraneous germs, simply by a three weeks solution in glycerine. This clears it of harmful material without in the slightest impairing its virtues.

So by the use of purified vaccine properly applied discomforts and dangers are eliminated; and vaccination is made safe and effective even for the infant, invalid, or prospective mother, the latter so especially needing the safeguard of protection from variola.

Quarantine is another means used to prevent the spread of smallpox, but this at best is only local and temporary, and would be unnecessary except for the unvaccinated; besides it is by no means a pleasant, thorough or always practicable undertaking. It seems impossible to control others, individuals can protect themselves by vaccination.

Thorough tests, where purified vaccine is used, show it protects much better than the old kind, giving absolute immunity for six months or more, and a protection always even to the second generation against severe forms. Everyone should be vaccinated not only for personal, but for public welfare, for then no one can propagate smallpox, and it is the only known way to make the disease quit a community.

The writer, by this means chiefly, stamped out an epidemic of smallpox at Wallace, Neb., last winter, in thirty days. There were then, and especially there, no quarantine laws enforcible; but the people had never been spoiled by bad vaccination and put up their arms trustingly and with the results stated.

In the great epidemic at Montreal, Canada, in 1884, the French speaking people objecting to vaccination died to the number of four thousand; while the English speaking people, accepting vaccination, lost few cases.

In Ireland the people fought smallpox by inoculation when they could not get vaccination. In Germany once the disease had its stronghold. Now since compulsory vaccination it has practically dissappeared as shown by statistics of the German army.

Vaccination is recommended by every reputable medical authority; is popular with the vast majority of people, and is advised and often made compulsory by the governments of all civilized countries.

The following is from the Philadelphia Medical Journal, December 21, 1901. The results in Porto Rico where the mortality has been reduced from over 600 to less than two per year since the universal vaccination of the people by the officers of the United States Government, are sufficient proof, if any were needed, that vaccination is, as someone has expressed it, "the greatest boon conferred upon mankind."

Hypnotics.—Dr. A. W. Rogers in a recent article in the Medical Record notes the necessity in this class of cases of natural measures and says that an occasional placebo is a helpful substitute. We are under the necessity of studying each individual case separately. One hypnotic will not be the best in every case. In paraldehye we have a hypnotic speedy in its action, producing quite natural and refreshing sleep and its only disadvantage lies in its disagreeable odor and taste, and the odor left on the breath. It will be taken quite readily when mixed with coffee, aromatic elixir, or made into an elixir according to the phar-

macopeia. Trional is less prompt than paraldehyde, but produces a more prolonged sleep, is best given in hot milk after retiring. It is often of advantage to give small doses of sulphonal during the latter part of the day, and twelve grains of trional at bed time. In doing this we usually secure for our patient six to eight hours good sleep. Sulphonal is very slow in producing sleep and very prolonged in its effects. It is best given in five grain doses, two hours apart, through the day, until twenty, and in exceptional cases, thirty grains have been taken. We can expect the patient to sleep that night and be drowsy the following day. In some cases depressing effects may be evident two and even four days after such dosage. Sulphonal is best used in cases of pronounced mental and motor excitement.

X-Ray Treatment of Malignant Tumors.—Dr. Wm. Allen Pusey read a paper on this subject at the recent meeting of the Tri-State Medical Society at Chicago, illustrated by stereoptican, which attracted more than ordinary interest. The Medical Record publishes the following summary of the paper: Excepting a few epitheliomas, the whole list represented cases which had baffled as skillful men as the country possesses, or had been passed upon as hopeless by masters of the profession. A more unpromising group of cases could hardly be imagined. The cases were presented for what they were worth, that each one would give them whatever weight he considered they were entitled to. The author stated that the X-rays had a destructive effect upon the tissues of low vitality, and that this effect can be utilized under suitable conditions to cause the destruction of such tissues without destroying the involved healthy tissues. His sections showed that the X-rays cause a degeneration of some sort of carcinomatous tissue and a disappearance of it presumably by absorption. This disappearance of carcinomatous tissue was followed by the formation of healthy scar tissue. A simple process presumably occurred in the disappearance of diseased tissue in tuberculosis, sarcoma, and pseudo-leukemia. The advantages of the X-ray method were that it was painless, it destroyed diseased tissue, but left the diseased tissue in its place. It left small scars, and it could be used in cases in which the surrounding healthy tissue could not be sacrificed. It was available for cases in which ordinary methods involve extensive operation and serious subsequent disfigurement, as, for example, about the eye and nose. It was available for cases in which ordinary methods were impossible, because of the amount of destruction of tissue which complete removal would require. It was applicable to many inoperable cases. It often relieved pain. The use of X-rays should, in his opinion, be limited to those cases which, for any reason it is inadvisable or impossible to treat by ordinary methods. He does not advise the use of the X-rays as a substitute for operations in operable malignant growths. As regards cutaneous carcinomas, he believed no strong objection was to be found to the use of X-rays as a primary method of treatment, and some advantages were to be urged for it. All other malignant neoplasms should have the advantage of operation where it was practicable. With the present evidence of the effect of the X-rays on malignant neoplasms, he believed he was justified in maintaining the following propositions: First, in all cases of malignant disease which had been operated upon there was reason to urge the subsequent use of X-rays as a prophylactic measure. Second, in all inoperable cases of malignant disease the use of X-rays should be tried. Third, in all such

cases there was a probability of relieving pain and a possibility of inhibiting the progress of the disease.

Adenoid Operations.—The good results of adenoid operations have been so thoroughly demonstrated as to admit of no question. Because the operation is usually safe, a good many operators are not careful enough in performing the operation. Precautions should alway be taken against hemorrhage and infection. It is well to remember that fatal results have sometimes followed this operation. Pediatrics abstracts the folllowing report of fatal cases from the Australasion Medical Gazette: The first patient, a girl of 10, had had a purulent discharge from the left ear, intermittently, for about two years, with occasional earache. Adenoid vegetations were removed in an apparently skillful manner, with due antiseptic precautions. Nevertheless, an acute process became engrafted upon the chronic suppuration in the ear, resulting in mastoiditis, sinus thrombosis and a Bezold's abscess around the great vessels of the neck. The right ear also suppurated. The reporter suggests that the discharge be cured if possible, or, at least, that the case be rendered aseptic as possible before this operation is undertaken. If earache occur the patient should be most carefully watched. The second case was one of diplococcal pyemia and malignant endocarditis following the removal of adenoids and enlarged tonsils in a girl of four. Post-mortem examination showed that in the larynx the false chords were considerably swollen. There was no tracheitis. Both lungs were uniformly mottled red and white, the red areas being about ¼ inch in diameter, some petechial and subserous in character, others deeper (collapsed areas). Most of the petechial patches showed a small, white, shotty head about the size of a pin's; these productions could be well felt on drawing the fingers over the surface. They were minute pyemic foci. There was no broncho-pneumonia, and the bronchial glands were not enlarged. In the heart the tricuspid valves contained two sets of recent vegetations, one the size of a pea, the other of a grain of wheat. Smears from these revealed numbers of capsulated diplococci staining with Gram's method. The liver was large, and showed cloudy swelling; the spleen large and moderately soft; the kidneys swollen, and their cortex very pale. In the ileum were a few minute submucous petechiae and Peyer's patches were slightly eroded; some lymphatic glands in the base of the celiac axis were enlarged and firm; the glands along the course of the iliac vessels were dark red in color. The urine drawn off p. m. contained albumin.

The third case was one of streptococcal otitis media and basal meningitis in a boy of five years. The post-mortem examination (brain only) showed: A thick, yellow, purulent exudation all round the base of the brain, the optic tract, medulla and pons, and between the cerebral hemispheres. It extended into the fourth ventricle and iter. In the third and lateral ventricles the exudation was turbid. In the ependyma of the latter were numerous minute petechiae. One purulent exudation extended into the vertebral canal. The convolutions of the vertex were flattened. The left middle ear and mastoid cells were full of pus, the right healthy. Both cavernous sinuses, but especially the right, contained a turbid exudation. The lateral sinuses were occupied by dark clots; in the left one a white a. m. clot extended into the internal jugular vein. The sphenoidal cells were healthy. Microscopical examination of films of the exudation showed numerous streptococci (s. brevis).

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

HYSTERICS.

By R. C. Kenner, M. D., Louisville, Kentucky.

The celebrated Prof. Meigs, whose work on "Diseases of Females," was one of the most brilliant productions which was produced up to his time, dealt with hysterics under the title of "Protean Disease." There is no doubting the fitness of this name when we bear in mind that the disease like Proteus assumes so many different forms. It is our opinion, however, that the term hysteria will gradually lose its identity as a name for a disease. Recent investigations in the field of neurology have already brought out a great many diseases which were formerly not recognized but were grouped under the general term of hysteria. As we advance in our knowledge of nervous diseases we shall find less use for the term hysteria.

In the treatment of hysteria we shall find it important to study all the elements of the case under our observation. One important indication for treatment is to allay the nervous tension, and bring sleep to the patient. If this is accomplished we shall see that our patient will gain strength and make sustantial progress towards recovery. Our custom in all cases of hysteria is to give the patient a teaspoonful of Daniel's conct. tr. passiflora incarnata, every two or three hours. In a short time this allays the patient's nervousness, and she gets natural sleep, and soon regains her former standard of nervous strength. In all cases of hysteria we should treat anaemia, constipation, and other associated diseases or conditions, but we shall fail to obtain satisfactory results without the regular employment of a reliable nervine, and nothing surpasses Daniel's conct. tr. passiflora incarnata for this purpose. In common with other members of the profession who have given this agent a trial, we have found it superior to the bromides, or nerve depressants—which have been so often tried by the profession and which have so often been found disappointing. Nerve depressants have been introduced without number, yet they have failed to maintain their hold on professional favor. Daniel's conct. tr. passiflora incarnata exerts its beneficial action by its tonic effect upon the nervous system, it being in no sense a nerve depressant.

GONORRHOEAL RHEUMATISM.

By Douglas Westervelt, M. D., Shreveport, La.

The etiology of this disease has for many years given rise to much discussion without adding any reliable information on the subject under investigation.

The disease is recognized by many able writers as a toxemic effect of the gonococcus upon the general system, either by its presence in the circulation or that of the toxins of this micro-organism. They maintain that the specific urethritis is the local manifestation of the micro-organism, and the accompanying arthritis is a localized product of a general infection. They go as far as to claim that the synovitis is in no way related to rheumatism, and even discard the name under which the disease is generally known,

calling it gonorrhoeal arthritis instead of gonorrhoeal rheumatism. The reasons set forth for such views, are, that the articular inflammation concurring with gonorrhoeal urethritis is different from that of ordinary rheumatism. These writers seem to ignore what is universally conceded, that the clinical features of a mixed disease are entirely different from the typical features of the diseases forming the complication. The fact that an articular inflammation associated with gonorrhoea is dis-similar to an ordinary synovitis, furnishes no grounds for believing that these conditions have no inter-relation. It is claimed by these authorities that gonorrhoeal urethritis causes the articular disease and yet they cannot explain the mode of action in producing the two forms of inflammation. If the pyaemic theory is accepted why are the joints alone involved? Why are not other tissues invaded? Why is the arthritis sometimes non-articular and sometimes polyarticular? Why should the large joints be more liable to invasion than the small joints and why is the knee joint so much more frequently involved than others? A general pyaemic infection should not be restricted in its operations. It is claimed in behalf of the pyaemic theory, that gonorrhoeal arthritis does not require for its production the usual exciting causes which invite rheumatic attack, but can any one name any special exciting causes which invariably give rise to an attack of rheumatism? Gonorrhoeal rheumatism occurs more frequently in the early part of middle life, so does rheumatism. It occurs more frequently in males than females, this is also the case with rheumatism Gonorrhoeal rheumatism occurs in only about 2 per cent. of gonorrhoeal cases. If the gonococci or their toxins provoke the articular inflammation, it seems strange that they do so in only one or two cases in a hundred of gonorrhoeal urethritis. According to the testimony of many trnstworthy observers the same forms of articular inflammation have been known to accompany urethritis not produced by the gonococcus. This weakens the theory of pyaemia infection and strengthens the contention of many writers of concurrent rheumatic disease, as a dominating factor.

Furthermore, it is very rare to find pyaemia or septicaemia resulting from inflammation of the mucous membranes and if it should, other contiguous structures would be likely to suffer as well as the joints.

Is it possible that gonorrhoeal pyaemia will produce gonorrhueal rheumatism, and at the same time, never cause pyaemic disease in any neighboring tissues or organs? It is true that the pyaemic theory is not more generally accepted than any other, but the coincidal evidence upon which it rests will not bear a critical examination. It would seem in the absence of any positive evidence to support the theory of pyaemia accidental rheumatism as an intercurrent complication would be a logical inference in the determination of factors in gonorrhoeal arthritis. There is much more evidence in favor of this theory than that of pyaemia but the tendency of most writers to reason from the standpoint of an unwarrantable bias leads them to ignore every argument which refuses the theory of gonorrhoeal inflammation. They claim that the gonococcus has been found in these inflammatory lesions, but they over-look the fact that in the majority of cases it has not been found, and further-more its presence does not prove it causes the lesion. The writer does not claim that all cases of arthritis in gonorrhoeal disease are rheumatic nor that the gonococcus never exerts any provocative influence over the arthritis inflammation. The main contention of this paper is, that the variegated clinical history of rheumat-

ism shows that it is a potent factor in many localized lesions, and there is justification in a sweeping denial of its relationship to gonorrhoeal arthrits. The symptoms of gonorrhoeal rheumatism during the course of gonorrhoeal urethritis, are, a sense of uneasiness, aching, stiffness or lancinating pain in one or several of the joints. The knee is oftener involved than any other articulation, especially the left knee. Other joints may become consecutively or simultaneously involved. The articular inflammation usually develops in the later stages of gonorrhoea, and often after the urethral discharge has almost entirely ceased. The articular symptoms arise gradually without any alteration in the external appearance of the joint.

As long as the affected part is at rest there is not apt to be much pain, but the least movement provokes it at once. The inflammatory process is of a sub-acute type and it never announces its advent with a chill as generally happens in pyaemic attacks. When the inflammatory attack reaches its culminating point the joint may become distended and give rise to considerable effusion. The articular inflammation may run an indefinite course and last weeks or months. In these cases if the effusion is of a fibrinous character, anchylosis may result. In the treatment of this disease we must not lose sight of the fact that we have to deal with a mixed form of disease. We have the gonorrhoel element confronting us, and we also probably have a rheumatic element to claim our attention. Besides these conditions we may also be required to treat the general health of the patient. If there is a urethral discharge it must be treated. If there is a rheumatic condition it must be treated. If there is an impaired state of the health of the patient, this also must engage our attention. The local treatment of the articular inflammation will not differ materially from any inflammation of the joints. We must allay inflammation, stimulate absorption of effusions and restore normal functions of the articulation. There are many methods of accomplishing these objects. For the urethritis we may resort to instillations of permanganate of potash, with the internal administration of cordial of cod liver oil compound (Hagee) with five grains of iodide of potassium to each tablespoonful of this preparation. A tablespoonful to be given four times a day after meals and at bed time. The iodide of potassium may be increased or diminished according to the requirements of the particular case. The disease with its painful accompaniments has a depressing effect on the vital processes, and rapidly impairs nutrition. The iodide of potassium removes the cause of the pains by its eliminating properties and the cordial of cod liver oil compound improves nutrition, tones up the nervous system and by regulating the kidneys allays the acridity of the urine. With such a constitutional corrective, and suitable diet, and mild antiseptic injections or irrigations this disease is readily subdued. Besides the general restorative action of the above remedy, it directly increases the excretion of urine and uric acid and renders the urine less irritating to the inflamed mucous membrane of tne urethra. This preparation is therefore intended to meet both the rheumatic and gonorrhoeal conditions of this troublesome disease. It is palatable and efficient in the doses named. A tablespoonful after each meal and at bed time being the usual quantity required for successful results.

* * *

Camphor should be dampened with alcohol when it is desired to powder it. Then it can be rubbed into an almost impalpable powder.

ALKALINE ANTISEPTIC THERAPY.

By W. Harpur Sloan, M. D., Philadelphia, Pa.

Chief Ear Department, Medico-Chirurgical College.

There are many alkaline preparations on the market that are used daily with varied results in conditions where such a preparation is indicated, I have tried most of them in all conditions and after an impartial trial I am compelled to say that the preparation known as glyco-thymoline made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic and non-irritating nature. Having formed this opinion of glyco-thymoline, I have concluded to report a few clinical cases where it has given me good results.

Case I. M. L., age 23 years, came under my care suffering with a distressing case of ozena. The turbinated bones on both sides of her nose presented a condition of marked atrophy; there was a complete loss of smell and taste, a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run down system. I placed her on a tonic of iron, arsenic and strychnia internally; locally I ordered the use of glyco-thymoline in a Bermingham Douche three times a day, diluted. After a month's treatment the crusts had ceased to form, there was a complete restoration of taste and a slight return of smell; the general health was improved and the patient herself was satisfied with results.

Case II. C. A——, age 8 years, came to me suffering with a severe otorrhoea following scarlet fever. There was a muco-purulent discharge from both ears that rendered the child completely deaf; the a uditory canalw as excoriated and sore, and the general health below par. I used cod liver oil internally and syringed the ears three times a day with glyco-thymoline. At the end of one month the discharge of pus had stopped, the hearing was much improved and the child's general health very much improved.

Case III. J. W——, age 25 years, came under my care snffering with an aggravated case of cystitis, which had been treated by several of our best physicians, without much improvement. He had great pain in the region of the bladder and the loins, which became worse on urination; a heavy deposit of mucus and some blood in the urine made his condition still more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with glyco-thymoline (diluted). This I did once in twenty-four hours, at the same time giving him glyco-thymoline internally in teaspoonful doses every three hours. For the first two days I did not see much improvement; on the third there was less mucus in the urine and no blood. I continued this treatment for two weeks, when I discharged him cured.

Case IV. J. H——, age 35 years, consulted me for puritus and which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc. for this troublesome affection, with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and water, then to apply glyco-thymoline half strength to the parts. After persisting for a time, the swelling and severe itching were lessened and then left him altogether.

TREATMENT OF SYPHILIS.

By S. Aug. Freund, M. D., Berlin, Germany.

Our "specifics" for syphilis are mercury and the iodide of potassium; but both have their faults and inadequacies. Iodia in teaspoonful doses is more than substitutive, as it combines a tonic effect with the elimination of the poison. Perhaps it is unnecessary to enlarge on this, as iodia is already well appointed to specifie position. It is a remedy that wins confidence and holds it. But there is another point at issue. As has been seen, there is blood dyscrasia and lymphatic dycrasia.

In close alliance is tissue disintegration. Is not the indication plain? The breaking-down tendency and action call for a halt. And ecthol responds. It has a special effect on the disintegration and destruction of the leucocytes—that is, on the pyogenic process—and at the same time it neutralizes the toxicity of the poison. This is clearly demanded. Therefore, in appointing iodia to the specific treatment of syphilis, whatever the stage, it is advisable—aye, indispensable—to combine ecthol. In addition to the iodia let an equal dose of ecthol be given. Combine and give two teaspoonfuls of the mixture three times a day, preferable midway between breakfast and dinner, midway between dinner and supper and at bed hour. The germ is neutralized; its work impeded; the results are most brilliant; the glandular fault disappears; stasis is relieved; arterial tension diminishes; the vitality is upbuilt. Ecthol should also be applied externally, and there is no manifested syphilitic lesion where it is not gratefully received. Wherever there is such manifestation let it be applied freely and frequently. There is no more bland and efficacious topical remedy, and it accomplishes curative effects in a truly scientific manner. Not only in the treatment of syphilis, bnt whenever ecthol is used internally, it should also be applied locally, if possible. In conclusion, it must be said that having determined this physiological pathology of syphilis, the use of iodia with ecthol, internally and externally, are indicated as conclusively and as beautifully as any fact in medicine. Practitioners shrink from publishing reports of cases of syphilis, but with this treatment they glory in results and exult in the publication.

A SYSTEMIC ALTERATIVE EFFECT.

The following from Gaillard's Medical Journal, by Dr, A. H. Ashley, of Boston, Mass., will interest our readers because of the original way in which he expresses his pronounced admiration for something tried, trusted and not found wanting. The letter was written to our old friends, The Antikamnia Chemical Company, and reads as follows:

"Gentlemen—Your various combination tablets, as well as antikamnia tablets have been used by me for a number of years, and I can only say that they have uniformly given me the best results. But, my dear sirs, why have you waited so long to give us the very best combination of them all? I, of course, allude to your 'laxative antikamnia and quinine tablets.'

"If there is anything known to the medical profession which will take their place in that class of diseases, where one wishes to relieve pain, control the temperature and at the same time produce, by laxation, a systemic alterative effect, it has not been my good fortune to find it. In those cases of severe neuralgia, and particularly in ovarian and menstrual pain, where morphine was our only hope (and where, after its administration, we had indigestion, bowels bound up, nausea,

habit, etc.), you have in laxative antikamnia and quinine tablets a remedy which will, my experience has taught me, replace morphine and meet all requirements.

"I am slow to be carried away by enthusiasm for any drug or combination of drugs, but I freely and voluntary confess that in these tablets you have given to the profession a remedy so effective and reliable in its action that it offers good excuse (or mitiagting circumstance anyhow) for a little effusion from one who, as a general thing, is not given to gushing."

ANAEMIA.

By Dr. Krygowski, Lemberg, Galacia.

I would say that I have often employed pepto-mangan (Gude) with the most excellent results in various forms of anæmia, in which it always produced a complete cure. I have also prescribed the preparation during convalescence from other maladies attended with more or less pronounced anæmia. I would especially cite a case of grave anæmia, complicating a slight albuminuria, in which pepto-mangan proved most efficient. In general, I would conclude that pepto-mangan constitutes one of the most valuable resources of therapeutics.

ANIMAL THERAPY RESULTS.

The case reports received by Dr. J. R. Hawley, medical director of the New Animal Therapy Co. for the months of January February and March show the best results yet reported from the use of the lymph compound during the same length of time. Especially gratifying results have been reported in certain mental diseases, tabes, syphilis, nephritis and certain functional nervous diseases.

BRIEF MENTION.

Tannoform stops hyperidrosis pedis.

Back-ache may be due to constipation.

Fellows' syrup of hypophosphites has been frequently tried and never found wanting.

Investigate Dr. Towns' epilepsy cure. The doctor will be glad to tell you all about it.

Do you use Abbott's saline laxative? If not, send to the Abbott Alkolodial Co. for a free sample.

Buy your pharmaceuticals of H. M. Merrell Co. and you will always be sure you are using the best.

Write the Wheeler Chemical Co., Chicago, for samples of their valuable specialties, they are all right.

Lanikol cures skin diseases. A free sample will be sent on application to the Lanikol Chemical Company, Milwaukee.

Chloropepsoid is a preparation which has established a permanent reputation with physicians as an efficient and reliable remedy.

Mercauro and arsenauro give positive results. When prescribing be sure to get only the genuine. The imitations are not satisfactory in any respect.

The great thing in the world is not so much where we stand, as in what direction we are moving.—Oliver Wendell Holmes.

The ambulatory pneumatic splints are being extensively used by progressive surgeons. We advise every doctor who treats fractures to use them.

The Milwaukee Medical College graduated a class of eighty-two from its medical, dental and pharmaceutical departments. Thirty-two were graduated from the medical department.

Dr. J. Zabe, Paris, France says: after having made due trial I find that aletris cordial (Rio) is a powerful regulator of the uterine circulation. It is efficacious in cases of dysmenorrhea and metorrhagia.

A glass house to be used as a solarium is being built at the government sanatorium for tuberculosis at Fort Bayard, New Mexico. During the last two years the government has expended about $200,000 on this institution,

Dr. E. D. Colley, of Cincinnati writes: Of the many cases of cystitis in women during their pregnant state, while in my private hospital, likewise in my general practice throughout this city, sanmetto, prepared by Od Chemical Co., New York, is the only drug that gave satisfaction.

The autopsy on the late Dr. Christian Fenger confirmed a diagnosis made by a skiagraph last fall. At that time Dr. Fenger had an attack of the colic, which he thought might be due to gall stones, and a skiagraph taken by W. C. Fuchs showed small dark shadows in the region of the gall-bladder. At the autopsy, three gallstones were found in the viscus.

By the recent death, (at Vienna), of Dr. Kaposi and Professor Krafft Ebing the world has lost two of its foremost men of medicine. Professor Kaposi was a dermatologist of unusual repute. He was a pupil of the famous dermatologist, Professor Hebra, whose daughter he afterwards married. Prof. Krafft Ebing was celebrated for his original work in mental diseases and studies in the psychology of sex.

Prof. Osler says that the "anaemia of malaria is a direct consequence of the widespread destruction of the corpuscles by the malaria parasites:" Prof Ramm found by actual experiments that the ingredients of Gray's glycerine tonic comp. cause an immediate, marked and progressive increase in the number of the red blood corpuscles. Thus, the intense anaemia, which is the most prominent symptom of malarial cachexia, gradually disappears under the blood constructing influence of Gray's glycerine tonic.

Dr. W. D. Middleton, ex-vice president of American Medical Association and one of the most eminent surgeons of the West, died April 5, at his home at Davenport, Iowa. His death was from blood poisoning caused by infection in operating on gangreuous appendicitis. Dr. Middleton was a graduate of Bellevue Hospital Medical College, 1868, was professor of surgery at the Iowa State University and had been dean of the medical faculty for over a decade. He had been surgeon-in-chief for the Rock Island Railway Company for many years and was general surgeon and president of the medical board at Mercy hospital.

SOCIETY ECHOES.

The Homeopathic Medical Society of Wis., will hold its annual meeting in Milwaukee, May 21 and 22.

The Medical Association of Missouri will hold its fifty-fifth Annual Session at St. Joseph, Mo., May 20, 21, 22. The preliminary program just issued indicates a meeting of great value. Dr. Chas. Wood Fassett, of St. Joseph, is secretary of the Association.

The newest society is the American Association of Urologists organized for the purpose of further development of the study of the urinary organs and their diseases. The annual meeting of the Association will be held on the last day, and the day following the annual meeting of the American Medical Association. The officers of the Association are: Drs. Ramon Guiteras, President; William K. Otis, Vice-President; John Vanderpoel, Treasurer; Ferd C. Valentine, New York City, Secretary; A. D. Mabie,, Assistant Secretary.

The State Medical Society of Wisconsin will meet in Milwaukee June 4, 5, 6. A program is being prepared which will be of unusual interest and profit. The anniversary banquet will be on Thursday evening and is sure to be a social event of the largest magnitude. The Program Committee hints also "of an evening spent at 'Whitefish Bay' a hot June day." A special attraction will be the address in Surgery by Dr. Cushing, of Johns Hopkins University, and the address in Medicine by Dr. Flexner, of the University of Pennsylvania.

The Chairman of the Committee of Arrangements for the Twenty-eighth Annual meeting of the Mississippi Valley Medical Association, Dr. A. H. Cordier, has announced the dates of the next meeting in Kansas City, Mo., as October 15, 16, 17, 1902. The President, Dr. S. B. Collings, of Hot Springs, Ark., has announced the orators for the meeting, Dr. C. B. Parker, of Cleveland, O., to deliver the address in Surgery and Dr. Hugh T. Patrick, of Chicago, the address in Medicine, selections which will meet with the approval of every physician in the Mississippi Valley. A cordial invitation is extended every physician in the United States but especially of the Valley to attend this meeting and take part in its proceedings. Titles of papers should be sent the Secretary, Dr. Henry Enos Tuley, 111 W. Kentucky St., Louisville, Ky., at as early a date as possible to obtain a favorable place on the program.

The Committee on Pathologic Exhibit for the American Medical Association is anxious to secure materials for the coming session at Saratoga, June 10th to 13th inclusive. This exhibi- was accorded much praise and comment during the sessions at Atlantic City and St. Paul, respectively, where were collected valuable exhibits from all parts of the country. The materials included not only pathologic specimens but the allied fields, bacteriology, hematology, physiology and biology were well represented. It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges. This exhibit has already become a permanent feature of the annual sessions of the American Medical Association.

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ECZEMA AND ITS CURES.

By M. E. Chartier.

Docteur en Medecine de la Faculte de Medicine de Paris, Membre Correspondant etranger de la Grande Encyclopedie, Section de Philologie.

Through experience extending over twenty-five years in the field of practical medicine, I have come to the conclusion that very few physicians can successfully handle an ordinary case of eczema. The main trouble, I believe, is that most preparations used to cure that troublesome disease are not readily absorbed, even if said preparations contain the proper ingredients.

Many physicians attribute their failure to the fact that in many instances the blood of the patient is deeply involved, and therefore that internal remedies are in order. This is only true to some extent, as it has been demonstrated that medicines administered by rubbing into the skin act directly upon the blood. This process has the advantage of obtaining the desired result without upsetting the stomach of the patient. This is particularly true of children and delicate women.

In Scrofonol I have found an effective preparation which acts promptly, giving relief from the very start. It is in the shape of ointment scientifically compounded, and the effect on the skin is obtained in a comparatively short space of time. The following cases treated by me are typical, and for this reason I may be allowed to call attention to them:

Henry G.—boy 14 months old, has been troubled during the last three months with infantile eczema; the face is particularly affected. The child cannot sleep at night on account of the intense itching. The mother is instructed to dry the parts and apply the cure with a soft cloth four or five times a day, so as to keep the skin perfectly moist The little patient becomes more quiet at once; sleep is restored, and inside of ten days the skin presents a healthy appearance. No medicine given internally.

Amelia G.—3 years old, sister of above patient. This case is not quite so bad; yet the face is covered with scaly eruptions. Same treatment. Cure affected inside of a week.

Edward M.—48 years old, molder by trade. This man is a hard drinker. He complains to have been sick for years with eczema. The legs and feet are covered with thick scales; inflammation very severe as is demonstrated by the appearance of the skin. The patient is ordered to cut his supply of liquor; besides the cure is applied four or five times a day. A permanent cure is secured in about six weeks. I shall say that this patient was in a very poor condition, probably on account of his drinking habits.

I could relate many similar cases in which I have obtained the best results. I will add, however, that I consider Scrofonol a specific in all the variety of that disease, particularly in acute eczema (salt rheum) and chronic cases of long standing. I have also used this preparation with success in ring worm, pimples, barber's itch and other skin eruptions. That the cure has been permanent in each case can not be doubted, as I have not had a single relapse when the treatment has been faithfully followed. In each instance the healing has taken place quickly, leaving the skin smooth and in a healthy condition. The cases of the children mentioned above are typical in this respect, on account of their surroundings. These children belong to a poor family, living in a tenement house, and therefore not enjoying a sufficient amount of fresh air. For free sample and literature address,

PHENIQUE CHEMICAL CO.
St. Louis, Mo., U. S. A.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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LEADING ORIGINAL ARTICLES.

CANCER OF THE RECTUM.

By Geo. J. Monroe, M. D., Room 30,
Courier Journal Building,
Louisville, Ky.

Cancer evidently is the most serious disease we have of the rectum. There is very little prospect of benefiting it by treatment. To cure cancer of the rectum, is almost if not altogether impossible. The old authors announced malignant disease of the rectum. Malignant disease of their day, is cancer to-day. We are frequently of the opinion that by removal of diseased parts of the rectum we can cure the disease present. We remove the affected parts, not being absolutely certain the trouble is malignant—in a short time the disease returns in an exaggerated form. We are now of the opinion it is of a cancerous nature, and we are made aware of the fact that we have accomplished but little if anything by our operation. If there is anything I dislike in my specialty of rectal diseases, it is to tell patients that they have cancer of the rectum. It is almost equivalent to telling them, you are to live only so long, and not any longer. I assuredly dislike to place a limit upon any one's life, yet what are we to do in case of cancer, if we are honest with our patients? It seems to me, it almost becomes our duty to tell a patient what he may anticipate so that he may get his house in order. If we do not do this our patient will soon become aware he is not becoming benefited by our treatment, and he begins to wonder why. His conclusion generally is that we do not understand his case, and he drops us for another. He frequently will do this anyway, but in the one instance, we have the satisfaction of having done our duty, in the other we will regret we were not honest with him.

We submit a portion of the tumor to a microscopist. He says the case is unquestionably cancer. Now sometimes microscopists are not correct, yet we may generally rest assured that they are in the right. We now become quite well satisfied from our own investigation, with the added proof of the microscope that we have a terrible, and so far as yet known, an incurable disease to contend with. Unfortunately we cannot give our patient any comfort or hope of cure. Sometimes fortunately for the patient, we and the microscopist are mistaken. I wish this mistake would occur more frequently than it does. Some time ago I treated a patient for disease of the rectum; I pronounced the case

epithelioma. The microscopist concurred with my diagnosis. Yet to-day the patient is sound and well. I believe now the tumor was simply benign instead of malignant. This case proves to my mind that even a surgeon of a somewhat extensive experience in rectal diseases may make a mistake, also that the very best microscopists are fallible. If this is not the case then I cured cancer of the rectum. My observation is that absolute cancer of the rectum is incurable, and experience shows me that patients so afflicted seldom ever live three years after the first manifestations. The usual length of time is about two years. I cannot recall a case of untreated cancer of the rectum that has lived five years. I can only recall a few cases where treatment has apparently been successful. I am not able to refer to a case of cancer of the rectum where the cancer has been removed by surgical means, where the patient has lived two years ofter the removal.

I believe that cancer in a great measure is hereditary. I do not mean by this that a child is born in the world with a developed cancer, yet I believe there is a condition of the system which predisposes towards cancer. I have been trying to recall the cases of cancer which have passed through my hands and I do not remember but of a few cases, but what I have found that some ancestor has had cancer. There perhaps are exceptions to this rule, yet there are I believe few. When we see whole families, which sometimes occurs, die from consumption or cancer, generation after generation, what conclusion can we come to, otherwise than an hereditary predisposition? How few cases of consumption are found to-day, but what we are enabled to trace back in the families to others who have had and who have died with the disease. The same may be said in regard to cancer. A generation may be missed, but seldom two. Once in a while two but I do not believe the third has ever occurred, I have seen this condition; a father had cancer and two sons died with cancer. We generally expect, if a father or mother has died with consumption that the children will die of the same disease, unless they are carried away with some acute disease. I have known instances of this kind Mothers died of consumption or cancer, children of these mothers have died with the same disease. Fathers married again, children of second wife perfectly healthy. I think every physician has noticed that cancer and consumption are restricted to cancer and consumption families.

When we find tumors in the rectum, we know they are abnormal and our first impulse and usually a right one is to remove them. Yet if these tumors are malignant we gain but little for our patient in their removal. My advice however would be to remove all tumors of recent origin that we find in the anus or rectum. If the tumor has been there for some time I think it well to determine its nature before we proceed to remove it. I am no friend to the heroic operations that are sometimes performed upon the rectum. There is very little to be gained by the entire removal of the rectum. On the other hand I believe the practice to be bad and ought to be condemned. The last years of a man's life who has had his rectum removed is deplorable. Death is preferable even if he inherits the bad place. That would afford him really more comfort than life under such a condition.

We can not fully rely upon a diagnosis from microscopial examination in rectal cancer. Several times in my practice the microscope has said no cancer, yet the patient has gone on and died with cancer. Several times the microscope has said cancer, and yet my patients have recovered and lived in good health for years. Now

we know that not many recover from cancer. The probability is that the microscopist has been mistaken in his examination.

Cancer may originate and probably does from some local irritation. Yet why may one receive a local injury and no cancer develop, while another may receive the identical injury and cancer results? The predisposition is present in the second case and not in the first. I have heard it claimed that cancer is the result of fear. But a few days ago I was reading a paper where this was claimed. Now I cannot believe this, although I think that some diseases are produced directly from this cause. Witness cholera and yellow fever. But that a local malignant disease can be brought about in this way I hardly believe probable or possible.

There is a distinct and I think I may say, a diagnostic odor to cancer of the rectum. This is especially so if the tumor has ulcerated. I think I could diagnose a cancer of the rectum by smelling my finger after it has been in contact with an ulcerated cancer. I cannot describe this peculiar odor for nothing smells like it. If a physician once smells it he never will forget it. In the first stages of cancer of the rectum there is very little pain. If the cancer is near the anal opening he soon will notice pain on account of pressure of the sphincter muscle. Cancers of the rectum generally commence above the sphincter and hence are not painful. When a large surface is embraced in the disease and ulceration has taken place there is frequently considerable pain.

Age is said to play an important part in cancer of the rectum. This is so in nearly all cancers, very few under forty years of age have cancer anywhere. It has been my lot however to see a good many cancers of the rectum in patients under forty. I have seen cancer of the rectum in three women whose ages were under thirty. Several years ago I was criticised considerably for calling a case cancer in a young married lady not yet twenty-four years old. Four physicians disagreed with me, basing their opinion mainly upon the age of the lady. The lady died in less than a year after I first saw her with a well marked case of cancer of the rectum.

There is a peculiar feel to cancer of the rectum that I am unable to describe in words, yet I know it. There is no other disease of the rectum which produces this peculiar sensation to the touch of the finger.

Syphilitic stricture may be mistaken for cancer of the rectum by one who has not had much experience. There is sufficient difference between the two to enable an experienced finger to designate it. Cancer frequently produces some pain in the back also in the sigmoid flexure of the colon. I have had patients apply to me for the treatment of hemorrhoids, where upon examination I have found cancer well developed. A physician who does not examine his patients visually and by touch will often treat a rectal trouble as something simple, generally for hemorrhoids and yet the disease may be of a malignant type. The patient not getting well applies to a rectal specialist, who finds cancer of the rectum at such a stage that a cure is not to be expected. Placebos are all that can be used. When our fingers come in contact with a nodular, gummy mass in the rectum we are generally safe in pronouncing the case cancer. If ulceration has taken place, and we have some muco-bloody discharge with the peculiar offensive cancerous odor we have very little trouble in pronouncing the case cancer. We may have a discharge from dysentery or ulceration that looks like the discharge from cancer, yet it is devoid of the significant and diagnostic odor. In

every case where we find disease of the anus or rectum we should carefully inspect the parts by sight and by introducing the well oiled finger into the rectum. The finger will give us the extent of the disease as a rule, and generally the nature. I doubt if we can always determine internal hemorrhoids by the finger yet I believe I can, but we can generally tell every other disease in this way. Some say that stricture of the rectum is more often produced by cancer than any other cause. I must disagree with this statement for I believe nine-tenths of the strictures of the rectum are caused from tertiary syphilis. I have been asked if it is not possible for cancer and syphilis to develop in the rectum. I believe it is possible and frequently occurs. I have had several cases where I have been satisfied I had the two diseases to contend with. Cancer of the rectum undoubtedly will produce stricture. This results I think from infiltration of cancerous matter. The fuel of syphilitic stricture is different from that of cancer. A syphilitic stricture is much smoother than that of cancer. It does not infiltrate so rapidly and does not ulcerate and break down so rapidly. Syphilitic stricture or disease of the rectum does not produce the profuse discharge that cancer does. We notice a patient with cancer of the rectum soon becomes emaciated and run down. Syphilis does not produce very rapid emaciation. It is much slower in its action. Sarcoma, epithelioma, carcinoma and scirrhus all affect the rectum. Epithelioma is found more frequently than the others. Yet all mean a fatal result. One class is just about as amenable to treatment as another. Cancers of the rectum will all be found hard, infiltrated and nodular. They, as a rule, are lumpy and not smooth. Generally they begin above the anal opening. We are much more likely to find them two inches and above in the rectum than below. Sometimes we are unable to reach them with the finger. They may even have their origin in the sigmoid flexure. I doubt if there is not a cancerous condition of the blood preceding a local manifestation. I do not know that this has ever been investigated, yet I believe it to be a fact. What it is, I know not yet but I have faith to believe that it will be discovered. Should this be so, in my opinion some remedy will be found to destroy this cancerous condition before we have the the local disease.

I will take up the treatment of cancer of the rectum in my next paper.

FAVORITE PRESCRIPTIONS.

By C. E. Boynton, M. D., Los Banos, Cal.

1. A tablet I never allow myself to be out of is the following. It is useful for vague pains, rheumatisms and possible rheumatisms, neuralgias, aches and soreness. It is handy because two or three per day are usually sufficient. It is not to be supposed that they should be the exclusive treatmet for a bad case of acute rheumatism. The tablet is P. D. & Co.'s No. 183:

℞ Ext. Colocynth, 1½ gr.
Ext. Colchicum root, 1 gr.
Ext. Hyoscyamus, ⅓ gr.
Mercurous chloride mild, ⅓ gr.
M. To make one tablet.

2. When fever is very high and we wish to lower it as fast as possible we may mix Abbott's granules of dosimetric triad with the sulphocarbolate mixture, so that it is given half hourly and one granule is present in each dose.

The formula for dosimetric triad should by this time be familiar to all physicians.

Veratrine also in high fever should be added.

LANDMARKS IN THE OVIDUCT.

By Byron Robinson B. S., M. D., 100 State St., Chicago.

Function

- I Endosalpinx (tunica mucosa)
  1. Hyperaemia (Periodic)
  2. Secretion (fluid mucosa)
  3. Ciliated motion (current)
  4. Funnel form
  5. Intra-abdominal pressure
  6. Ampullar space (receptaculum seminis (conception depot)
- II Myosalpinx (tunica muscularis).
  1. Rhythm (Peristalsis)
  2. Contraction of fimbria ovarica
  3. Vascular ligature
- III Fibro salpinx (Tunica fimbrosa)
  1. Distributiry bed for vessels and nerves (vascia)
  2. Allows free rhythm (connective tissue elastic bed) for contraction and expansion
- IV Perisalpinx (Tunica sarosa)
  1. Secretion
  2. Absorption
  3. Elasticity
  4. Free motion

Structure

- I. Endosalpinx (Tunica mucosa)
  1. Ciliated columnar epithelia
  2. Glands (?)
  3. Mucal folds (sexual organ)
  4. No submucosa
- II. Myosalpinx (Tunica muscularis)
  1. Muscular layers
  2. Stratum vasculare
  3. Connective tissue
- III. Fibrosalpinx (Tunica fibrosa)
  1. Fascia (supporting structure)
  2. Connective tissue (elastic bed)
  3. Distributing bed for vessel and nerves with fascial sheaths
  4. Allows free motion (by its connective tissue elastic bed)
  5. Avoiding trauma
- IV. Perisalpinx (Tunica serosa)
  1. Endothelium
  2. Stomata spuria
  3. Stomata vera
  4. Moist smooth surface
  5. Cement substance
  6. Elastic fiber

Object

- Duct of ovarian gland
- Transports ova
- Transports spermatazoa

- **Accessory glands**
  - 1 Ovary
  - 2 Oviducal glands
- **Composition of Secretion**
  - 1 Serous
  - 2 Mucous
  - 3 Leucocytes
  - 4 Epithelia
- **Neuro-vascular visceral pedicle. (mesenteries)**
  - 1 Mesosalpinx
  - 2 Ligamentum infundibulo pelvicum
  - 3 Ligamentum rotundum
  - 4 Mesometrium
- **Segments**
  - I. Anatomic Segments
    - 1 Ostium Uterinum oviductus (distal sphincter, distal end)
    - 2 Pars uterinum oviductus (intramural portion)
    - 3 Isthmus oviductus (distal portion)
    - 4 Ampulla oviductus (receptaculum seminis)
    - 5 Ostinum abdominale oviductus (proximal spincter, proximal end)
    - 6 Fimbriae (pavilion) oviductus
    - 7 Ligamentum ovarica oviductus
  - II. Surgical Segments
    - 1 Intraperitoneal (pavilion)
    - 2 Intraligamentary
      - *a* Isthmus
      - *b* Ampulla
    - 3 Intra-mural
  - III. Positional Segments
    - 1 Horizontal (isthmus)
    - 2 Ascending (ampulla)
    - 3 Descending (ampulla)
- **Blood vessels**
  - 1 Utero-ovarian artery (oviducal segment)
  - 2 Utero-ovarian vein (oviducal segment)
- **Lymph apparatus**—Drained by iliac and inguinal glands.
- **Nerves**
  - I. Sympathetic
    - 1 Ovarian plexus
    - 2 Hypogastric plexus
  - II. Spinal
    - 2nd sacral
    - 3rd sacral
    - 4th sacral
- **Fixation apparatus (mesenteries)**
  - 1 The uterus
  - 2 Ligamentum infundibulo pelvicum
  - 3 Ligamentum ovarica oviductus
  - 4 Ligamentum latum
  - 5 Utero-ovarian artery veins and nerves
  - 6 Meso-salpinx
  - 7 Peritoneum
- **Walls**
  - 1 Ventral
  - 2 Dorsal
  - 3 Proximal
  - 4 Distal (not covered by peritoneum)

DIMENSIONS	I. Length 4 inches		
	II. Breadth ¼ inch		
	III. Lumen (varies)	1	Sphincters (admits horse hair and small silver probe)
		2	Intramural (hogs bristle)
		3	Isthmus (small silver probe)
		4	Ampulla (admits lead pencil)
		5	Pavilion (admits thumb tip of little finger)
	IV. Size		Varies with function and age relations
WEIGHT	1 60 grains		
	2 Varies with functional and age relations		
TISSUE MATRIX (PROTECTING BED)	Fibrosalpinx		

POSITION.

I. HOLOTOPY, (relation to general body.)—The oviducts are located bilaterally to the uterus at the distal end of the abdominal cavity. They are fixed in the proximal margin of the ligamentum latum by the peritoneum. They have a long mesosalpinx and are mobile like the sigmoid or enteron. The oviducts are extra peritoneal except the pavilion which during sexual life become everted in the cavum peritonei.

II. SKELETOPY, (relation to osseous skeleton.)—They are located in cavum pelvis osseum minor, the lesser pelvis, to the pelvic brim.

III. SYNTOPY, (relation to adjacent organs.)—The syntopic relation of the oviduct is chiefly with the uterus, ovary and ligamentum latum, also the ureter. It forms the oviducal loop (composed of isthmus and ampulla) which surrounds the ovary.

The oviduct is fixed by its proximal end to the ovary by the ligamentum fimbria ovarica and its distal end passes into the uterus at the junction of fundus and corpus. The oviduct is fixed also by the peritoneum of the ligamentum latun and its proximal end rests on the shelf formed by the ligamentum sacro-internia. The oviduct lies dorso lateral to the uterus and its mesosalpinx allows it a wide range of motion within a wide healthy zone. In the relation of the oviduct to the ligamentum latum, there is first the horizontal segment, chiefly the isthmus which courses almost horizontally in the proximal border of the ligamentum latum. Second there is the ascending segment of the oviduct which passes proximalward at right angles over the mesovarium. Third, there is the descending oviducal segment which passes to the medial surface of the ovarium. In general the oviductal loop lies dorsal to the ligamentum latum as the long mesosalpinx allows the proximal end of the oviduct to pass dorsal and distal to the ovary, thus the mesosalpinx covers the ovary. The oviduct has positional relations with the rectum, sigmoid, enteronie coils, appendix and coecum.

IV. IDIOTOPY, (relations to its own segments.)—The important factors in the relations of the different segments of the oviduct to each other are the narrow isthmus, the wide ampulla, the receptaculum seminis, the pavilion and the fimbria ovarica. The form of the oviduct in the living is sickle shape.

DEVELOPMENT	From pronephritic ureter, it is the proximal 3rd of Muller's ducts. It originally transported urine, in adults, it transports ova.

NUMBER—Two, paired.
FORM—A looped, spiral funnel.
SPHINCTERS { 1. Uterina oviductus. 2. Abdominale oviductus
FLEXURES—Ovarian (loop) flexure.

BORDERS.

Borders refer to the middle of the external oviduct, oviducal walls, as dorsal, ventral, proximal and distal.

a. Proximally the border of the oviduct is covered by the fimbrosalpinx or (tunica fibrosa) and peritoneum of the proximal border of the ligamentum latum which is free.

b. Distally the border of the oviduct is not covered by peritoneum. It is covered by the tunica fibrosa or fibrosalpinx. It is at the line where the mesosalpinx reflects to receive the oviduct. The distal border is where vessels and nerves find ingress and exit to vitalize the structure. Doubtless it is at the distal border where rupture of oviducal gestation occurs with the most facility, forming a haematoma in the ligamentum latum. If it rupture in the peritoneum it forms a haematocale.

c. The ventral border is covered by fibrosa and by peritoneum. It is free.

d. The dorsal border is covered by the tunica fibrosa, fibrosalpinx, and peritoneum and is free.

SURFACES.

Surfaces cover practically the same grounds as that of borders. However surfaces refer to the external and internal coverings of the oviduct.

The external surface of the oviduct is covered by the tunica fibrosa (fibrosalpinx) and three-fourths of this circumference, fibrosalpinx, is covered by peritoneum. The surfaces dorsal, ventral and proximal of the oviduct which one sees, on looking into the cavum peritonei, is shiny, smooth and free, the three external surfaces glide on adjacent viscera. The internal surfaces of the oviduct proximal and distal, dorsal and ventral, is a continuous mucosa differing in appearance only in different segments of the oviduct. The mucosa is uneven, varies in thickness, lies in longitudinal folds and is luxuriant at the proximal end, especially in the receptaculum seminis, the temporary depot of conception.

PROXIMAL EXTREMITY.

It consists of a gland (ovary) and its duct (oviduct).

(a) Sero-mucous apparatus. (b) Funnel and sphincter with gland and peritoneum. (c) Fimbria-ovarian apparatus. (d) The proximal extremity is intra peritoneal due to the endosalpinx, a sexual organ, being rapidly developed and everted through the sphincter oviductus abdominale. (e) The proximal extremity is a mucous organ joining a serous organ, i. e., serosa joining mucosa which is unique. (f) In lower mamals the pavilion is arranged to the ovary through a large peritoneal pouch. In man the relation of the pavilion to the ovary is by a single structure—the ligamentum fimbria ovarica. (g) One of the two chief diseases of gynecology (peritonitis) is due to the peculiarity of the pavilion, a mucous organ being intra-peritoneal i. e., in a serous organ, this muco-serous apparatus allows bacterial disease to pass from the tractus genitalis directly into the cavum peritonei, tractus lymphaticus. (h) The arrangement of the muco-serous or oviducto-ovarian apparatus i. e., pavilion to ovary, determines the number of young at birth. (i) The proximal end of the tractus genitalis was the pronephros, head kidney which in man and higher animals has disappeared without a rest. (j) The fimbriae oviductus, irregular in size, vary from ten to fifteen in number. (k) The pavilion is the most varied of all the structures of the tractus genitalis. (l) All the fimbriae are free at one extremity except the fimbria ovarica. (m) The pavilion is a sexual

organ and subject to age and functional relations. (n) At the bottom of the pavilion is the sphincter abdominale oviductus. (o) The fimbriae, pavilion, in man will cover about one-third of the ovarian surface.

The oviduco-ovarian apparatus consists of the fimbriae oviductus or a pavilion (mucosa, intra peritoneal) and a corpus mucosae ovarii (intra peritoneal) accomplishing the object of ova transportation by a trans peritoneal (through) method.

In other words the ovum migrates through two layers of peritoneum to arrive in the receptaculum seninis.

DISTAL EXTREMITY.

(a) Sphincter oviductus uterina. (b) It gradually merges into the endometrium. (c) It admits a hog's bristle. (d) It effectually prevents the interchange of fluids between cavum uteri and cavum oviductus. (e) It is not or slightly distensible. (f) It is the line of demarcation between endosalpinx and endometrium. (g) It is located at the junction of fundus and corpus uteri. (h) It is the narrowest point between cavum uteri and cavum oviductus. (i) It might be thought that since the ostium uterinum oviductus, the distal extremity of the oviduct, is the narrowest point between cavum oviductus and cavum uteri the embryo would lodge (be obstructed) in it the most frequently, however, the embryo lodges the most frequently in the ampulla or receptaculum seminis.

RELATION OF OVIDUCT TO OTHER VISCERAL TRACTS.

Its relation to other visceral tracts is through nerves, blood and lymph vessels and continuity of structure. It is intimate physiologically by function blood, lymph and nerves with tractus urinarius. (2) Intimate physiologically with tractus intestinal. (3) It is profoundly intimate anatomic, physiologic and clinically with the tractus lymphaticus peritoneum as a part, the pavilion, is intraperitoneal. Also is it surrounded on three-fourths of its surface by peritoneum. Clinically it allows bacterial disease to penetrate the cavum peritonei.

AGE RELATIONS OF OVIDUCT.

I. THE THREE EPOCHS OF LIFE.—(1) Evolution—growth. (2) Reproduction—stationary. (3) Involution—regressive metamorphosis.

II. QUIESCENCE (resting) (1) Pueritas—childhood. (2) Senescene—old age.

III. CRISIS (functionating.)—(1) Pubertas. (2) Menstruation. (3) Gestation. (4) Puerperium. (5) Climacterium.

IV. PHYSIOLOGY (function.)—(1) Periodic hyperaemia from pubertas to climacterium. (2) Utero-ovarian artery springs into activity at pubertas and atrophies at climacterium. (2) Automatic menstrual ganglia begin at pubertas and atrophy at climacterium. (3) The endosalpinx (adult sexual organ) begins at pubertas (12) and atrophies at climacterium (45). It grows so large that the pavilion projects (everts) into the peritoneal cavity. (5) It functionates thirty years. (6) It shares in menstruation as (a) hyperaemia; (b) secretion of serum and mucous; (c) blood is found on the endosalpinx, and (d) it experiences active peristalsis for thirty years. (7) It shares in gestation. (8) It shares in sexual activity. (9) It has ciliated epithelium and vast, rich endosalpingian folds during sexual life. (10) The oviduct contains the receptaculum seminis, and is the temporary depot of conception. (11) Its cilia whip distalward making fluid currents pass also toward the uterus, so that it may float an ovum into the uterus. (12) The spermatozoa pass against ciliary motion and fluid currents proximalward. Hyperaemia, secretion, ciliary motion and peristalsis characterize oviducal function.

V. STRUCTURE (anatomy.)—The central characteristic is arterio-sclero-

sis. Atrophy of endosalpinx and loss of cilia at climacterium. (2) Atrophy of myosalpinx at climacterium. (3) Proliferation of connective tissue in endosalpinx and myosalpinx (climacterium). (4) Disappearance of ciliated epithelial cells. (5) Oviduct length, walls, size, arteries and lumen atrophies. (6) Atrophy of oviducal segment of uteri ovarian artery. (7) Atrophy of hypogastric and ovarian plexus. (8) Mucal folds atrophy (sexual organ). (9) Arterio-sclerosis. (10) Parenchymatous cells (muscle, elastic, columnar and ciliated) become less in number and size (protoplasm.)

[TO BE CONTINUED]

GATHERED FROM MANY SOURCES.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

Cocaine is a sovereign remedy in chorea.

Nausea has been cured by bismuth and resorcin.

The oil of erigeron has great power as a hemostatic.

Try 5 gr. solid iron in nocturnal incontinence of urine.

Camphor monobromate has proven highly efficient in whooping cough.

Quinine is useless in neuralgia and headache not of a malarial character.

For the cure of corns no remedy is so prompt and effective as liquor potassae.

Arsenic when administered in solid form may act with unexpected violence.

I cured a case of jaundice of two years' standing with 15 minims of nitro-hydrochloric acid dilute.

Recent reports claim the treatment of eighty-one cases of diphtheria with pilocarpine without a single death.

In acute bronchitis after the more active symptoms have subsided, macrotin affords good results.

Mercury has the power of relieving the tissues encumbered with superfluous and obstructive material.

Diuretic:

℞ Potas. acet, grs. 15.
S. spts. nitre, ʒ j.

The hoarseness so annoying to speakers and singers will be speedily relieved by ten (10) minim doses of dilute nitric acid.

To women who at the change of life suffer from flatulence, palpitation and sudden flushing of the face eucalyptus affords great relief.

Potassium chlorate is the sine qua non in stomatitis mercurials specific, 15 or 20 grains three or four times a day. No less dose is effective.

Indication for intubation—pallor, prostration, rising temperature and increasing dyspnoea, recession of the episternal and epigastric fossae and recession of the interspaces.

To relieve earache light a pipe filled with tobacco, place a thin cloth over the pipe and place the stem in the ear, blow the smoke into the meatus. In a few moments all pain will cease.

Dr. Boynton totally discounts his own advice when he says that he "never had a case of post-partum hemorrhage that amounted to shucks any way." If he never had one the whole matter is an awful blank to him.

Every three or four hours. I have recently seen it work like a charm when I wanted to see something work.

Rectal ulcer:

℞ Ext. witch hazel, fl. ʒ viss.
Ext. hydrastis aqueous, fl. ʒ iiss.
Acid carbolic, m. xxx.
Glycerine, ʒ ix.

S. Mix one-half a teaspoonful of this mixture with one-half teaspoonful of corn starch and two tablespoonfuls of warm water. Inject in the rectum at night and retain. Repeat every night.

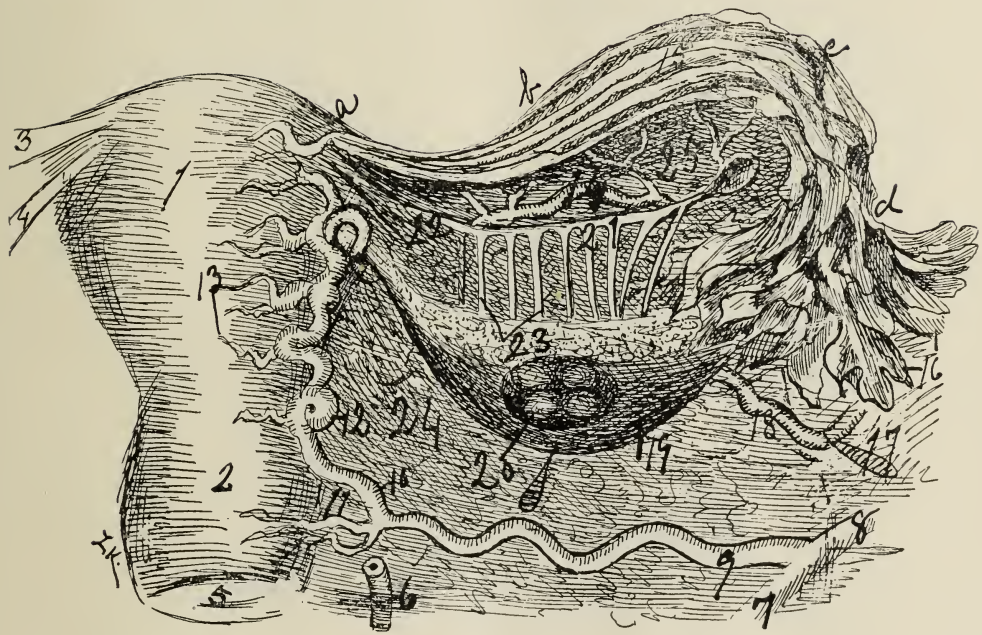

FIG. 1.

Fig. 1. (Byron Robinson). A dorsal view of the internal genitals with the oviduct laid open and the posterior blade of the ligamentum latum removed.

1—Uterine body. 2—Cervix. 3—Left oviduct. 4—Left round ligament. 5—Os uteri. 6—Ureter. 7, 8—Internal iliac. 9—Uterine artery. 10—Uterine artery as it begins to pass along the border of the uterus in a spiral state. 11—The branch which passes to the crevix. 12—The first spinal curves of the uterine artery. 13—The horizontal uterine arteries. 14—The ovarian artery as it passes in the mesosalpinx and proximal to the ovary. 15—The longitudinal oviducal folds of the endosalpinx. 16—The fimbriae of the pavilion. 17—The hook which is pulling the ovarian artery distalward. 18—The ovarian artery. 19—The ovary. 20—Ova. 21, 22—Gartner's duct (the ureter of the mesonephros). 23—The vertical tubes of the parovarium. 24—The mesometrium. 25—The mesosalpinx. A to B is the horizontal segment of the oviduct. B to C is the ascending segment. C to D is the descending segment.

This figure is drawn from our own specimen removed in operation. The relations are natural. Observe how close the artery hugs the uterus and its location at the cervix. When the cervix is drawn through the vagina by traction forceps the artery appears higher. This is a multiparous symmetrical uterus and the oviduct is in natural position. Observe the richness of its endosalpingeal folds. The tortuous segment of the utero-ovarian vascular circle is well represented.

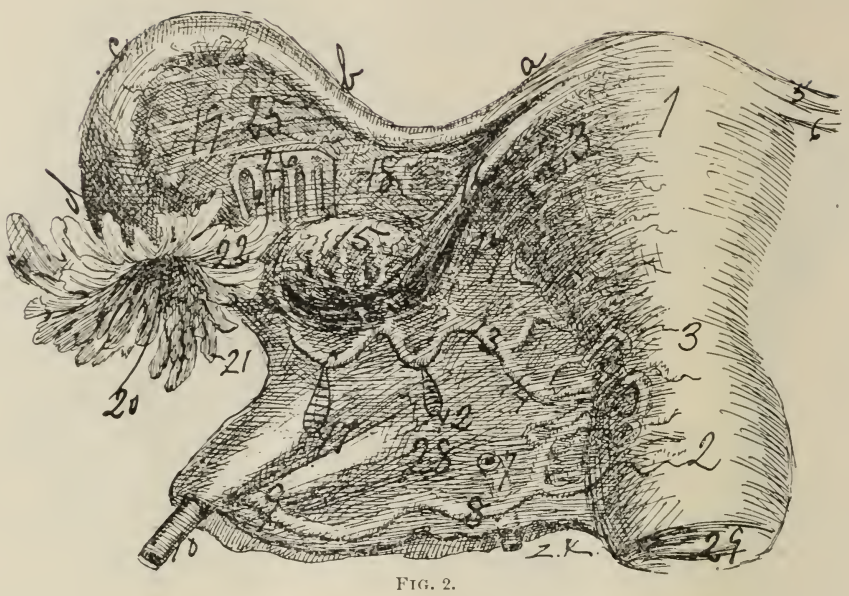

FIG. 2.

FIG. 2. (Byron Robinson). Posterior view of the internal genitals, with the left ligamentum latum intact.

The artery of the proximal part of the uterus and mesosalpinx is dimly represented in outline shimmering through the posterior blade of the broad ligament. The real artery is drawn distalward by hooks.

1—Fundus, 2—Cervix, 3—Os internum (neck), 5—Right oviduct, 6—Right round ligament, 7—Ureter, 7—Uterine artery (the crossing of ureter and uterine artery, the most topographical landmark in the pelvis). 9—Uterine artery shimmering through the posterior blade of the broad ligament. 10—Round ligament. 11 and 12—Hooks forcing the ovarian artery distalward. 13—The artery drawn from its position, which is represented by 17, 18 and 19. 15—Ovary 16—Round ligament. 20—Bristle placed in abdominal orifice of oviduct. 21—Fimbriae of pavilion. 22—Fimbriae ovarica. 23—Shows the old bed of the uterine artery along the uterine border. 25—Mesosalpinx (bounded by oviduct, fimbria ovarica, ovary and ovarian ligament). 26—Gartner's duct. 27—Vertical tubules of the parovarium (mesonephros). 28—Mesometrium. 29—Os uteri externum. This figure is drawn from author's specimen secured by operation. The natural position of the oviduct in each segment is represented as A to B is the horizontal segment. B to C is the ascending segment. C to D is the descending segment. The spiral segment of the uterovarian circle is well shown in this cut.

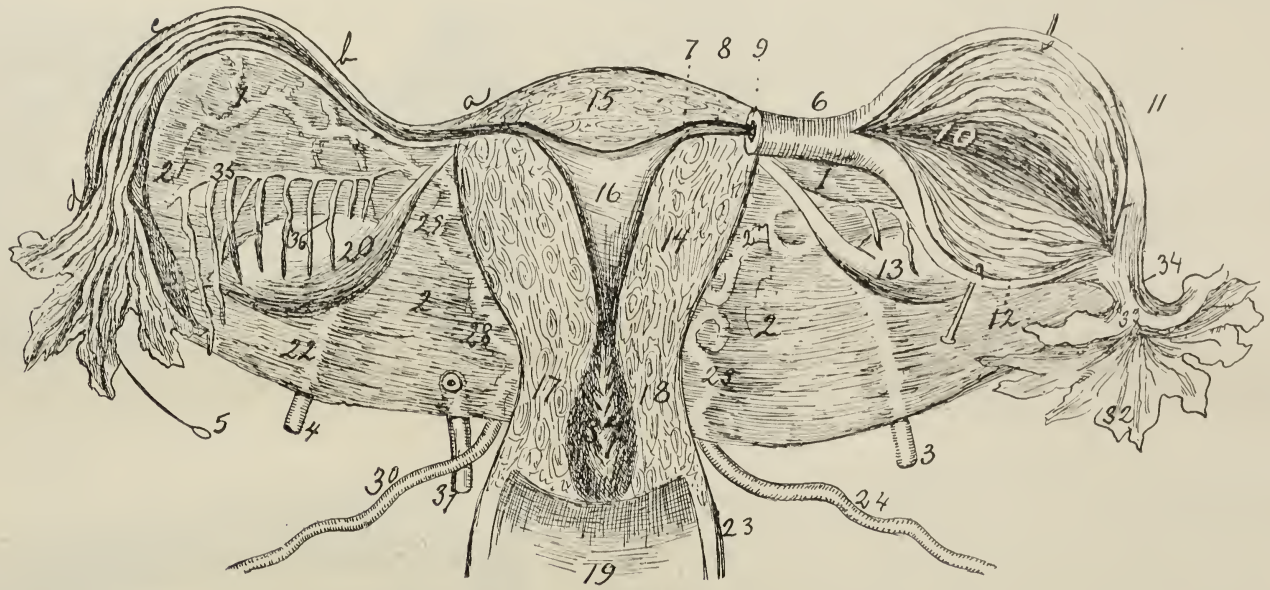

Fig. 3.

Fig. 4. (Byron Robinson). A cut to illustrate the internal genitals, especially the endosalpinx, receptaculum seminis, and the circulation. Posterior view. 1, 1—Mesosalpinx. 2, 2—Mesometrium. 3 and 4—Round ligaments. 5—Hydatid of morgagni. 6—Isthmus of oviduct. 7—Junction of ostium uterinum and intramual segment of the oviduct. 8 Intramural segment of oviduct. 9—Junction of intramural segment of isthmus. 10—Cavity of ampulla, showing the endosalpinx. It is the receptaculum seminis. 11—Ampulla wall. 12—Wall of oviduct drawn by hook. 13—Ovary and its ligament. 14—Myometrium corporeal. 15—Fundal myometrium. 16—Cavum uteri. 17 and 18—Cervical myometrium. 19—Vault of vagina. 20—Ovary. 21—Artery in mesosalpinx. 22—Mesometrium. 23—Vagina. 24 and 30—Uterine artery. 25, 27, 28 and 29—The two uterine arteries coursing close to the uterus. 21, 29, 28 and 30 represents the tortuous segment of the utero-ovarian vascular circle. 31— Ureter, which always passes distal to the uterine artery. 32—Fimbriae. 33—Ostium abdominale oviductus. 34—Abdominal oviducal sphincter. 35—Ureter of mesonephros, or Gartner's duct. 36—Parallel tubules of mesonephros. 37—Canalis cervicis.

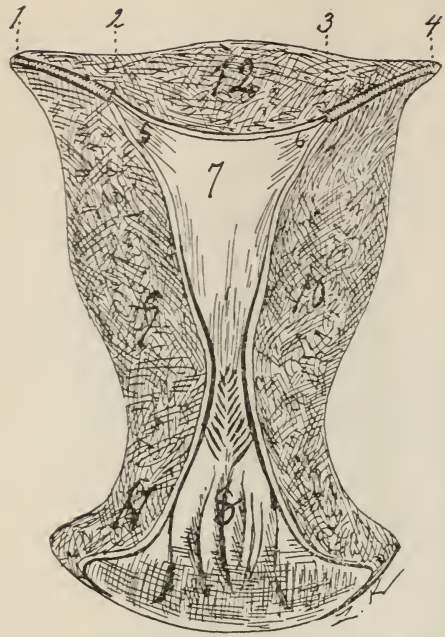

FIG. 4.

FIG. 3. (Byron Robinson). Illustrates another variety of intramural segment. 1 to 2 is the left and 3 to 4 in the right intramural segments of the oviduct 5—The funnel-shaped process as it leaves the uterine cavity to become the uterine horn. 7—The cavum uteri. 8—The cervical cavity with its folds. 9 and 10—The corporeal myometrium. 11—The cervical myometrium. 12—The fundal myometrium.

The intramural oviducal segment is relatively long in this case. In drawing this cut a suggestion from Hennig was employed.

The horn is not so regular as it appears. In following a series of microscopial sections through the horn one finds that the (a) utricular glands are somewhat irregular, (b) the myometrial wall is irregular, and (c) occasionally utricular glands are displaced.

This uterus has the shape of a multipara, especially as regards the horns.

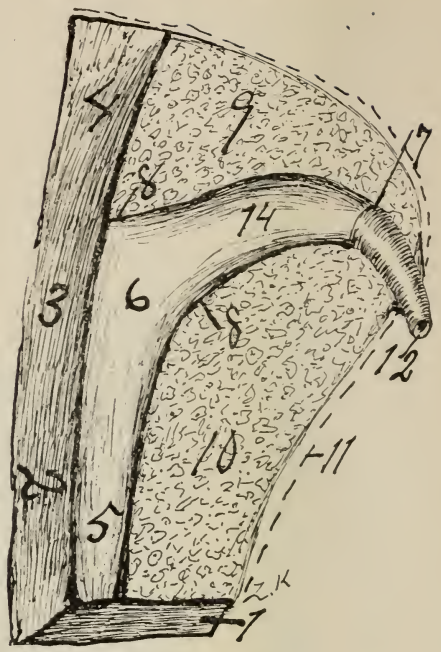

FIG. 5.

FIG. 5. (Byron Robinson.) Illustrates the uterine horn and intramural segment of the oviduct. 1—Distal segment of the uterus, cut horizontally. 2, 3 and 4.—The cut surface of the myometrium. 5 and 6 represents the free surface of the endometrium. 14—The free internal surface of the uterine horn. 8, 8--The distal base of cone of the uterine horn or orificium uterinum oviductus, i. e., the uterine orifice of the oviduct. 7 is the junction of the uterine end of the oviduct and the intramural segment of the oviduct, i. e., a point of a typical mucosa. Endosalpinx joins endometrium. The oviduct (intramural segment) takes a lateral and distal direction through the myometrium. 9—Fundus. 10--Corporeal myometrium. 11—Peritoneum. 12—The oviduct as it departs from the uterus.

This cut drawn from sections of my own specimens represents quite accurately the course of the uterine horn. In some uteri, however, the course and shape of the canal through the uterine horn varies considerably. This cut is drawn from a microscopical section of one of my own specimens.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

SPARTEINE.

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

The article on sparteine in the April Recorder, page 112, is very suggestive. Scoparius, broom, is a well known garden shrub. It contains a neutral crystalline principle, scoparin, also a poisonous alkaloid, sparteine. Broom is a hydragogue diuretic. Sparteine sulphate as a diuretic is given in doses of 1 to 4 grains every three or four hours, as cardiac stimulant ¼ to ½ gr. as indicated. Broom has been used in decoction a long time for dropsies, both cardiac and renal, but is more efficient in dropsies of renal origin. We have used it successfully in malarial dropsies. Broom is not only diuretic but laxative and in large doses emetic and cathartic. It increases the circulation of the skin and kidneys, causing diuresis by blood pressure, stimulation from behind. It has this effect by stimulation of the vaso-motor centre and contracts the vessels through the splanchnic area. Squill and digitalis act like sparteine, slowing and strengthening the cardiac contractions, the pulse under its action is slower and stronger. The alkaloid sparteine resembles strophanthus in some of its effects, blood pressure is raised and diuresis produced; its effects are continued for eight or ten hours after administration of a dose. Strophanthus acts directly upon muscular tissues through the blood and increases the contractile power of all striped muscles and this contraction fixes the muscles in a tetanic rigidity. The action of sparteine is similar to that of conium, in some respects, producing in large doses nausea and vomiting, paralyzing the peripheral end organs, extending upward and involving nerve trunks to centres and entire motor nervous system.

ALKALOMETRY.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

I like the alkaloidal idea because it it is clean. It is many years since I have used laudanum or opium in my practice; they are back numbers. Where is the cinchona bark now? A few doctors still mess with herbs, but it is much better to turn that work over to chemists and then the doctor can be a doctor, not as my wife says a "pot-betty." The active principles are to medicine what asepsis is to surgery. Cleanliness is the object of both. We call the old fogy a mossback because he is usually unkempt and unclean. There was a day when jack rabbit whiskers were prescribed for certain diseases. Medicine seems to have been born in the filth and through the centuries she has been making her toilet. Fluid extracts to the physician who is up to date in alkalometry, are dirty. Compare Waugh's anodyne for infants with soothing syrups of a decade ago. Give an active principle in its pure, clean form and it gets there pretty quick, give it in the form of syrup and elixir made from a fluid extract and it is a mortal gorge of useless and harmful material and sometimes it gets there and sometimes it don't. Doctor, if you do not understand alkalometry for heaven's sake study up.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PROTECTIVE VALUE OF VACCINATION.

It is a popular belief among the laity and also among physicians, that the protection afforded by vaccination lasts for seven years. Even life insurance companies seem to share the belief, for if an applicant can answer affirmatively the question as to successful vaccination—a single one, well understood—he is granted a policy minus the smallpox clause. What constitutes successful vaccination? The characteristics of a complete vaccine pustule are well known, but very many physicians are satisfied with any kind of a take and will give a certificate, when they have produced a pimple, blister, sore, such as any kind of a septic infection may cause. Such vaccination is illusory, it can afford no protection. Careful inspection of all those who claim to have been successfully vaccinated will show but a limited number of good, typical scars. A good scar is glistening white, depressed, of regular outline, the edge sharply defined, striated from centre, a number of more or less marked pits around the outer edge. A scar which is irregular in outline, has an ill-defined margin, no depression and no pits is suspicious and should not be called a good scar. In this country it is customary to make vaccination on one spot only, in Europe, particularly in Prussia, where compulsory and official vaccination has been practised for several generations, it is always made in four or more places. As the law there provides that the children must be vaccinated during their first and tenth year, it is evidently believed that vaccination protects for ten years. Does one-spot vaccination suffice, does it give the same amount and length of immunity, as vaccination in several spots? Medical writings of later years pay but little attention to smallpox and vaccination, we must turn back to the literature of a previous period. Of interest is then the experience of J. F. Marson, for more than thirty years the resident physician of the London smallpox hospital. His tables show that of persons vaccinated or claiming to have been vaccinated, if later they acquire smallpox, there are three with poor scars to one with a good scar, 6.21 per cent. with one scar and only 1.30 per cent. with four or more scars. He deducts from his observations a law, that the efficiency of vaccination is in exact ratio of its excellence and completeness, as shown by the numbers and quality of the resulting scars. Tables prepared by W. M. Welch, for twenty-five years in charge of the Philadelphia smallpox hospital give the mortality from smallpox for one-scar cases as 18.46 per cent, for cases with four or more as 10.49 per cent. only. At a meeting of the New York County Association held on March 17, 1902, where these questions were discussed on a paper by Dr. Frank S. Fielder, Dr. D. P. Austin described a series of ten cases in which he had vaccinated children at intervals of one month. The first vaccination in the series was primary, and all ten children were vaccinated at the expiration of one month, eight of them successfully At the end of another month six of the children were successfully vaccinated, and after another month

four out of the six children presenting themselves were successfully re-vaccinated. He thought that in such way immunity lasting the balance of the person's life could be established. The statistics quoted certainly speak in favor of producing four or more vesicles at the primary vaccination. The need of re-vaccination is generally admitted by physicians, if it were done systematically at intervals not longer than every five years, the immunity of smallpox could then be maintained. To trust to a one-spot vaccination, even when perfect, for seven years, seems to be a fallacy.

MEDICAL INTERSTATE RECIPROCITY.

The whole medical profession is placed under obligations by the Medical World for the zeal with which it takes up the question of medical legislation and reciprocity. Six and one-half pages of its May number are given up to the subject. Dr. Taylor, the editor, is a forceful writer and his arguments in favor of a National Board of Medical Examiners are really unanswerable. It appears, however, from letters by leading members of congress, both in the house and the senate, that legislation of the kind would hardly be constitutional, as it is held that the regulation of the practice of medicine is a matter pertaining to the police power of the several states and one in which the national government does not interfere. That may sound logical to the lawyers who sit in congress, to the common mind it is difficult to understand, where the difference lies between such proposed medical legislation and the national pure food law and similar new departures which so far have not been thought unconstitutional. There may be a way out of the difficulty by the organizing of a voluntary national board of medical examiners. In the meantime efforts are being continued to bring about reciprocity among the states. At the suggestion of Dr. Emil Amberg, of Detroit, Mich., who has been the soul of the movement for several years, certain groups are in the process of forming for at least limited reciprocity, one of the New England states and one of the middle west, including Michigan, Indiana, Illinois, Wisconsin. The subject of uniform medical legislation was ventilated at a recent meeting of the committee on national legislation of the American Medical Association. The question is recognized as a vital one by the medical profession and it is in a fair state of reaching a settlement. Decisive action is expected of the next meeting of the American Medical Association, when the subject will come in for a full discussion and careful consideration.

SURGERY VS. MEDICINE.

Special surgeons frequently complain that too much surgery is being done by the average doctor and by men insufficiently qualified. No doubt that is true. There is altogether too much cutting going on. But the surgeons have none to blame for it but themselves. In medical colleges, societies and journals surgery is being pushed into the foreground with ever increasing energy. The field of internal medicine is being encroached on by the surgeon on so many points, that the general physician is forced, in self defense, to do what surgical work he may, to save himslf from financial loss. Whole classes of diseases which were formerly the almost exclusive domain of the physician are now being claimed by the surgeon, such as most gynecological affections, appendicitis, various intestinal troubles, of late chronic gastric ailments, operated on under the head of ulcer, stenosis, gallstones or adhesions of gallbladder and ducts. The proposed operation for stenosis of the mitral valve and the surgical treatment of chronic nephritis are the latest.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

PURE CARBOLIC ACID IN BURNS AND SCALDS.

I was satisfied after reading Brother Rothrock's first article that he had never given the "pure carbolic acid for burns" treatment a fair trial on a fair case. Knowing very well by experience that full strength carbolic acid will destroy sound healthy flesh, by sad experience in my own person, I was not prepared to realize the effect in my first experiment with it in burns. I had in 1881, burned my hand with hot solder mending some tinware, a place the size of a half dollar. The solder ran on my hand and in jerking it to displace the solder threw off with it the burned skin leaving a raw surface. I asked my wife to get me some warm water while I reached for the carbolic acid. It was warm weather and some of the acid was fluid. While she was gone I took the cork out wet it several times from the mouth of the bottle and each time doped it on the burn, covering the entire surface. To my surprise it turned pure white and stopped hurting and a light bandage with a little absorbent cotton was all I did for it. No water was used. In five or six days the white cuticle peeled off showing a new skin under it.

After this I used the same process on the foot of a fleshy old woman who had scalded the whole upper part of the foot so the skin came off with the stocking. While the acid was being put on and we were about done she remarked, "Why it has stopped hurting and feels cool like you were pouring cold water on it."

My next case was a steam engineer at a saw mill who shoving in one of the guage stoppers let the hot water take the skin off the inside of his arm from the wrist to axilla. Same treatment and same result; he did not have to lay off from his job for a single day

My fourth case was a wood cutter in a cypress brake; his business was to clear water ways to float logs to the mill, having nothing on him but shirt and drawers as clothing. In passing the narrow space between his boiler and the side of his barge he fell against the boiler burning him from his knee to his shoulder blade on the right side and on the arm also. Same treatment was used. Next day he was back on his barge superintending work.

Meantime I had written to my old friend Dr. Wm. H. Burgess, of Avondale, Tenn., about it. I got a letter from him a few days afterward in which he said "I could not believe you, to put carbolic acid on an agonizing burned surface. Well I sat down and put the blue flame of an alcohol lamp, with my blow pipe, across the back of my left hand burning it to a blister and applied the carbolic acid. Like a magic, pain was gone and the wound covered with as it were a new skin."

In 1893 I wrote out my experiences and sent them to Dr. Oscar H. Allis, of Philadelphia, who read them before the County Medical Society with comments of his own. As a result I received a pile of letters all "doubting" and "asking more questions." I reckon I have at least one hundred reports from all over the country, all of them praising the treatment. One from a doctor who treated a case of burn by lightning with instant relief. One writes that he had treated a case of a railway engineer badly scalded by the blowing out of some part of the machinery. The results were a surprise to him as well as every one present.

Now since 1881 I have no doubt several thousand cases have been treated, some bad ones, and to date the first report of any untoward symptoms has not shown up.

Dr. Allis' idea of its action was that the acid formed a chemical combination with serum of the blood which exuded from the burned surface and immediately formed a skin over the wound protecting the wound from the air and also from any further absorption of the carbolic acid into the blood. This seems reasonable and may be proven by taking in a test tube some serum and dropping carbolic acid on the surface, where a white thick patch is formed.

Arguments as to the "why and wherefore" are useless where the fact is standing out plainly and has never been controverted.

Here is another case; a child of four years tipped a pitcher of milk over on its breast, removing the skin for a space 6x8 inches. The carbolic acid, melted in the tea kettle, was spread with a feather over the entire surface and covered with absorbent cotton and jacket. No more pain and no untoward circumstances.

My own boy when two years old was playing around where his mother was washing and stepped on a live coal of fire, which stuck to his foot, burning a hole three-fourths of an inch in diameter, by one-quarter inch deep. I wet a piece of cotton with the pure acid and put into the wound, binding a rag on to keep it in place. He was yelling with pain until I got the pledget of cotton in place when, with a surprised look through his tears he sobbed, "papa, it is stopped hurting." There was no doubt of its good effect in his mind at least.

I will say further that in twenty years of constant use I have not seen nor heard of a single case of any trouble from its use and I think every house within ten miles of my house has a small vial of the acid handy for use in case of trouble. I am waiting for a case of erysipelas on which to try it, but my "sure cure" for erysipelas has for several years kept me from having a well developed case of blistered surface to use it on. The sure cure I will send to any one who wants it, or will write it out for the Recorder if wanted. BEN H. BRODNAX, M. D. Brodnax, La.

A PECULIAR CASE.

This case is not so rare that I present it merely as a curiosity but it is slightly different to any I have ever seen and at the same time think it more than likely that a case precisely like this is not met with often.

A lady of about the ordinary intelligence, 50 years of age, married, no children and no miscarriages, personal history clear, passed the climacteric, as she supposed, at the age of 50. At that time she suffered with all the symptoms relative to that period, but gave no evidence of other trouble of any of the female organs.

She remained in good health till in August, 1901, ten years after the last menstruation, when she again menstruated very profusely and continued to do so every two months till February, 1902, when it came on almost every week but not so great in quantity.

For ten days following April 8, 1902, she was subject to almost daily attacks of flooding, at which times she could be relieved only by hypodermic injections of morphine. After the full relief of the pain she would remain comfortable till the next attack. The pain was confined to the region of the uterus and left ovary and extended into the left hip and limb. At the end of the ten days she had no more suffering but at times a copious discharge with a small quantity almost constantly.

A vaginal examination disclosed a

tender, slightly enlarged left ovary and a heavy, thickened hyperaemic uterus. No evidence of polypoids, carcinoma or other tumor was found. The patient's nervous system was badly deranged but outside this and severe prostration the other functions were normal.

At this writing, April 28, the patient is improving, suffers very little pain, has some aching in left hip and limb still, has some vaginal discharge, at times worse than others, but still natural and without any offensive odor as it has been all the time. Her appetite is good, bowels and kidneys active, and begins to feel like sitting up but this has not been allowed yet. Although I never knew of a case of menstruation returning after ten years' absence, my prognosis is favorable although the recovery will of necessity be very slow.

Treatment. To relieve the severe pain injections of morphine and atropine with hot applications to abdomen. For haemorrhage fluid extract ergot half teaspoonful every two hours till controlled. Nervous symptoms were met with tincture passiflora incarnata, teaspoonful every three hours when necessary. Elixir helonias compound, four times a day and elixir calisaya, iron, quinine and strychnine before each meal. The helonias compound is now exchanged for liquor sedans, P. D. & Co., the other treatment continued. Copious vaginal irrigations were tried but seemed to stimulate the flow, although they were given as hot as they could be borne, so they were discontinued for the time. They will be resumed later, the patient kept on a nutritious diet and as she is a little corpulent an abdominal supporter will be used when she is able to resume the upright posture. Would invite criticism on treatment and would like to know if others have ever met a similar case. H. A. GILTNER, M. D.
Chelsea, Ind.

INFANTILE INDIGESTION.

On Nov. 8 I was called to the home of Willie B , the son of a prominent cattleman of this section. When I arrived I found a six months' old child, pale, emaciated, breathing rapidly, temperature 102, tongue dry and coated, bowels soft and swollen, tympanitic and tender, pupils dilated. Willie was very restless, rolling from side to side in his mother's arms. I was informed that he had been sick for about six weeks and had been treated by several other M. D.'s, and as he was growing worse I was called to make or lose a reputation, as I had just moved to this place.

I looked the little fellow over, made a thorough examination from head to foot, asked the necessary questions, gave them an ℞ for tincture hyoscyamus, directed small doses and told them that I would call the next morning, and wanted to see all the cloths that were soiled or stained and if nauseated the vomit. I went home satisfied that I was going to be able to relieve the little fellow. I called the next morning and found four napkins with quite a lot of green, lumpy mucous on them that was offensive, also the brick dust stains of the urine. The little fellow had rested only part of the night and seemed to be very much worried. His bowels were still full of gas and his pulse weak and fast.

I pronounced it a case of indigestion, and learned that the doctors who had treated him before had given him all the prepared foods and pepsin preparations that they could.

I ordered them to give him nothing to eat but his mother's milk, and to restrict him to about one-half his usual amount, and put him on the following:

℞ Sodium phosphate, ʒ ij.
Aqua, ℥ ij.
M. Ft. Sol. Sig. Teaspoonful

every 4 to 6 hours until actions become watery, then at longer intervals.

℞ Zinc sulphocarbolate, gr. xxiv.
Pill hydragari, gr. xxiv.
M. Ft. Pill. No. 24. Sig. One pill night and morning.

Also
℞ Peptenzyme, ʒ ij.
Sig. Teaspoonful after nursing.

The improvement began at once and the little fellow was soon fat and rosy-cheeked and has recently been on a trip with his mother several hundred miles, and there has been no return of his trouble. There is nothing peculiar about this case, only for some time before I was called to see him it was a current report that he could not live another day. I made my diagnosis, told the parents that I could cure him with their co-operation. The medicine was continued from 10 to 15 days, and the little fellow allowed to take his milk and rest in peace.

If you have a little patient suffering with indigestion with green diarrhœa try the above ℞'s.

F. G. Thomason, M. D.
Kissimmee, Fla.

POST-PARTUM HEMORRHAGE.

I offer this in reply to Dr. C. E. Boynton's reply to Dr. Price's reply to his (Boynton's) original article on the use of quinine in labor. Dr. Boynton says in the April number of the Recorder on page 115, that any personal observation of a sage brush doctor against their ipse dixit had better go unhatched. To this allow me to say in behalf of the sage brush doctor (for I am one myself,) if we were to depend on the authority of such men as Drs. Bartholow, Potter, et. al., alone, we would certainly have to go to some other avocation in life, for, if experience itself is not the best teacher anyone can have then I will give it up, but to return to the point which I intended to strike when I started this article.

Quinine is, beyond any doubt whatever, one of the most powerful ecbolics that has ever been made manifest into the medical world, and the experience of the sage brush doctors at large is that it never leaves the patient in the least danger to post-partum hemorrhages, within itself, but should you leave parts or parcels of the placenta in the uterus or should you have a protracted labor, or should you have complete inertia of the uterus before the child is born, then, of course, whether you do or do not give quinine, you are very likely to have post-partal hemorrhages. As to uterine stimulants ever causing a post-partal hemorrhage, I dare say that such a thing has never occurred. Why? Because when you stimulate the muscular fibres of the uterus you cause it to contract and when the uterus contracts, it closes up the mouths of all the uterine blood-vessels, thereby shutting off all possibilities to post-partum hemorrhage, or if this were not the case we will ask the question: What are the walls of the blood vessels made of? Of muscular fibres! Then if the quinine will cause the contraction of the muscular fibres of the womb, will it not do the same with the walls of the blood vessels?

We, or at least I, am very sorry that any professional brother should suggest that the opinion of the county practitioner should be withheld, because I am sure that the country or sage brush doctor often runs up on things that are or would be interesting to the average city physician, albeit, that they are always the brightest and have the most sense, both common and medical. We country, or sage brush doctors, as Dr. Boynton says, have a hard life to live and should we get up an idea, it is generally attacked as unscrupulous in the extreme by some fellow who knows more (?) than we do.

Oliver B. Bush, M. D.
Cairo, Ga.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. MAY, 1902. No. 5.

THYROID.

The careless manner in which some druggists dispense remedies, of which they know little, is very reprehensible. Our attention was recently called to this by a patient who was, solely upon a druggist's advice, buying thyroid tablets by the hundred and taking them regularly. The patient said that the druggist had given assurance that the remedy was perfectly harmless. All medical practitioners know that thyroid is a powerful remedy and should only be used by a physician's advice and under his observation. Dr. J. M. Ward in an article on "Thyroid Poisoning" in the last International Clinics concludes that while unquestionably thyroid substance is a beneficial remedy in certain cases, it is contra indicated in others, and instead of being comparatively inert, it is decidedly and progressively toxic in its action and is not to be used ad libitum with impunity. Thyroid should not be given unless there are positive indications for its use. That it is a very valuable addition to our materia medica is unquestioned, but it is also true that it is being used too much without proper medical supervision.

LIGHTNING.

The report of the United States Weather Bureau shows that in 1900, 713 persons were killed, in this country, by lightning. Of these, 291 were killed in the open, 214 in buildings, and 57 under trees.

One important declaration made by the report is that the majority of supposedly fatal cases of shock are not really so. The appearance of death is due to a temporary paralysis of the respiratory system and the action of the heart. Prompt and intelligent treatment by a physician will generally result in recovery.

This treatment should extend over at least one hour, the important point being borne in mind to preserve the warmth of the body by all methods, such as by applications of the hot water bottle or cloths, hot flannels or warm salt bags.

The value of nuts as a food is being generally recognized. An addition to the list of palatable nuts would be the importation of the candle nut of the Hawaiian Islands, which is said to be very nutritious.

Although this time of the year is considered dull in the subscription business, the Recorder is daily receiving new subscribers from all parts of the country.

The Recorder has subscribers in England, France, India, Porto Rico, Central America, Hawaii and other distant lands.

The Recorder is read by 5,000 doctors.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

GENITO-URINARY DISEASES AND SYPHILIS. For students and practitioners. by Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with half-tones and full page color plates. Pages xii-372, size 9½ x 7 inches. Price extra cloth, $3.00 net delivered. Philadelphia, F. A. Davis Company, Publishers, 1714-16 Cherry St.

During the past ten years great progress has been made in genito-urinary surgery. The treatment of acute and chronic gonorrhoea has been removed from empiricism and placed upon a scientific and rational basis. This has been accomplished by obtaining a definite knowledge of the micro-organisms concerned and the pathological changes in the urethral tissues which their presence excites. The subject of chronic seminal vesiculitis, with its relation to sexual neurasthenia, and danger of lurking infection, has been demonstrated. The development of the practical use of the cystoscope and instruments for collecting the urine from each kidney separately have stimulated a greater interest in the subject of renal surgery. Recent improvements have been made in the technique of lithotomy and the indications for the operation are better understood Ten years ago the cases of hypertrophied prostate in old men were without remedy, after the failure of the catheter to relieve the urgent symptoms, but to-day the operations of prostatectomy, castration, and Bottini's operation have opened a way of relieving the suffering and prolonging life. All these advances and many others are presented in this book. The author has given in excellent form the present status of genito-urinary diseases and syphilis. He has kept in mind the needs of the practitioner with limited experience in these diseases and has considered diagnosis, prognosis and treatment in a practical way. The numerous plates, with which the book is illustrated, will aid the practitioner, very much in making a diagnosis. The volume is a very complete, concise manual on genito-urinary diseases and syphilis.

THE INTERNATIONAL MEDICAL ANNUAL, A Year Book of Treatment and Practitioner's Index, 1902, twentieth year. Pages 700. Extra cloth, $3.00, delivered. New York; E. B. Treat & Co., 241-243 West 23d St.

For twenty years "Treat's Annual" has been presented regularly each year to the profession as a help in daily practice. The book has grown in size from 300 pages to over 700 pages. The part of the book called "The Dictionary of Materia Medica and Therapeutics" is edited by Dr. Wm. Murrell, of London, and gives the year's progress, with special contributions on toxins and anti-toxins. The second section of the book, "The Dictionary of Medicine and Surgery," presents the most recent advances in knowledge, especial attention being devoted to diagnosis and treatment. Dr. Joseph Priestley, of London, reports the year's work in sanitary science. The special articles in this volume are: "Diseases of Metabolism," Bertram L. Abrahams, B. S. C., M. B.; "Lateral Curvature of Spine," Richard Barwell, F. R. C. S.; "The

Colony Treatment of Epilepsy," Fletcher Beach, M. B., F. R. C. P.; "Testing Errors of Refraction" (with test types), A. St. Clair Buxton, F. R. C. S.; "Formic Aldehyde in the Treatment of Phthisis," D. J. A. Chowry-Muthu, M. D.; "Antiseptic Surgery as Practised in the New York Hospitals," Howard B. Gladstone, M. D.; "The Methods of Examining the Blood and Arsenical Poisoning," Theo. N. Kelynack, M. D.; "Hints on Aural Practice," Jas. Kerr Love, M. D.; "X-Ray Work in Medicine and Surgery," John McIntyre, M. B., C. M.: "High Frequency Currents in the Treatment of Phthisis," Chisholm Williams, F. R. C. S.

The annual renders it possible for the practitioner to keep abreast of the times in all departments. The publishers have spared no expense in making this an acceptable volume. Numerous colored and half tone plates and other illustrations add to the work. The physician who buys this annual one year will be likely to always want it every year as soon as issued.

INTERNATIONAL CLINICS, A quarterly of Illustrated Clinical Lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D , Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D , Edinburgh, and John Harold, M. D., London, with regular correspondents in Montreal, London, Paris, Lepisic and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, $2.00. Volume 1, 12th series. 84 illustrations—3 colored plates.

The worth of these quarterly volumes has been so thoroughly established that a large proportion of the profession regard them as indispensable. We mention a few of the leading features of this latest volume. Dr. I. Boas, of Berlin, contributes a valuable article on "Habitual Constipation," giving in detail the best and most successful methods of handling the trouble. "Thyroid Poisoning" is an interesting article by Dr. J. M. Ward. Dr. H. Hallopeau, of Paris, writes a lengthy article on "The Treatment of Acne." "Gastro-Intestinal Autointoxication" is an important subject which is ably presented by Dr. J. C. Hemmeter, of Baltimore. A number of practical surgical articles are published in this issue. Interesting clinical articles are furnished by Dr. Bayard Holmes, of Chicago, Dr. W. L. Rodman, of Philadelphia, and Dr. Frederick Griffith, of New York City. Dr. Jas. K. Young, of Philadelphia, contributes an article on "Surgical Treatment of Infantile Palsy," which will interest many readers. Dr. B. A. Randall, of Philadelphia, writes on ear diseases. Over a hundred pages of the book are devoted to a review of the progress of medicine during the year 1901, by Dr. Edward W. Watson. A summary of the various advances of the year is given. This part of the book represents a large amount of work in condensing from current literature. The practical character of International Clinics especially makes them valuable to the general practitioner.

INDEX OF POSOLOGY AND THERAPEUTICS. Compiled by F. R. Merrell, Pages 148, Paper. Third Edition, 1902. Cincinnatti, Ohio, H. M. Merrell & Co., 1012 Elm St.

In this little book the writer gives a complete but brief resume of the therpeutics and dosage of the various remedies mentioned, in a convenient form, for the every-day use of a busy physician. The information given is derived from the highest authorites and is the essence of all the latest literature on the subject, so arranged and condensed that the reader may find at a glance, a reliable guide for the administration of any remedy named. The book is divided into sections, devoted respectively to specific tinctures, fluid extracts, and standard preparations. Following these will be found an index of diseases, with their appropriate remedy, a table of poisons and antidotes, a table of synonyms, and a table of metric equivalents. The book is of decidedly practical value and is not an advertising catalogue; although any Recorder reader can obtain a copy free, it is fully equal to books of this kind that sell for a dollar. If you want a copy send your letter head, card or label to the H. M. Merrell Co., and you will receive a copy prepaid free of charge.

BOOK NOTES.

Dr. J. D. Albright's book "The General Practitioner as a Specialist" sells for $3.50 instead of $3.00 as stated in our review last month. The book is well worth the money.

The new management of the Household has strengthened and improved this well established family friend and in early numbers will make other improvements. The April number contains a large number of practical articles which the housekeeper will find helpful and a variety of good fiction of interest to all. The many departments are all carefully edited and useful. If your wife does not read this magazine we advise you to send for a copy. Address The Household, 43–45 E. 19th St., New York.

From its charming cover by Albert Herter to its last page the May issue of the Ladies' Home Journal excels in all ways. The most important new feature is the beginning of Ernest Thompson Seton's department for boys, which is written and illustrated by the famous naturalist-author-artist. Lindsay Denison, who knows President Roosevelt in a very personal way, writes of "The Outdoor President," and Helen Keller continues the marvelous story of her life. Neltje Blanchan tells "How the Birds Build Their Nests," and Will Bradley shows the boudoir of "The Bradley House." Mr. Bok's editorial is a fine bit of sarcasm aimed at the wise New Yorkers, aad Mr. Mabie in his literary talk deals with the reading habit and several new books and writers of note.

The May number of Lippincott's Magazine contains a complete society novel, five short stories, five brief, pointed papers on subjects of present interest, some talk about books, many pages of bright, fresh "Walnuts and Wine," and plenty of seasonable verse. The month's novel is "A Mock Caliph and his wife," by Edith Robinson. Appropriate to the month in which Stonewall Jackson passed away, the May Lippincott prints a paper by Edward M. Alfriend called "Recollections of Stonewall Jackson." An article on "The French Academy," by Othon G. Guerlac, is up-to-date by reason ot the sugguestions for an English Academy. Frank H. Sweet writes about "Food for Fishes." There is a seasonable and very beautiful description of a trip "Over the Alps in a Diligence," by Elizabeth R. Pennell, whose name insures a reading of all

she writes, and Dr. Charles C. Abbott's little sketch with the attractive title, "Eden: Past and Present," is a pretty, imaginative idyl.

The May number of Everybody's Magazine opens with a most interesting article by Dr. Henry Gannett on "Famous American Mountains," superbly illustrated with photographs of the notable peaks of the Rockies, the Sierras and the Alaskan Range. Especially timely is T. P. O'Connor's estimate of Cecil Rhodes—the "Napoleon of South Africa." It is a skillful character study, representing the curious admixture of traits which make Mr. Rhodes a great personality of his period. Another valuable contribution is Dr. H. W. Wiley's "Man as a Machine," in which the functions of the human body are compared with mechanical processes. A. E. Bostwick writes of the Rockefeller Institute for Medical Research, explaining the unsolved problems of medical science to which it will devote its attention. The final chapter of Herbert K. Job's remarkable articles about wild fowl is devoted to "Ocean Wanderers." It is illustrated with unusual pictures of petrels, gulls and shearwaters. Some interesting suggestions are embodied in the department of "How to Make Money."

The menu arranged by the editors of Success in the May number, contains a long list of wholesome dishes, spiced with inspiration and good cheer. Success has no sympathy with pessimism, as its pages show, but flings far and wide, the essence of optimism, which, in a large measure, is responsible for its spirit-stirring qualities. The May number contains some important articles showing the upward trend of the world. A few of the leading articles are: "The Return to the Soil" by Rebecca Harding Davis: "What Have the Hebrews Accomplished?" by Israel Zangwill, "An American Girl's Possibilities as an Actress" by Ellen Terry. Professor Charles F. Thwing contributes an article that should be read by every college man in the country. It is entitled "Should a College Student Be a Student?" David S. St. Clair, in a charming manner, shows the wonderful influence of three great American octogenarians,—Henry M. Field, Edward Everett Hale and Donald G. Mitchell. Camillus Phillips tells a wonderful and true story of the heroism of Mrs. Robert E. Peary,—how she emboldened her husband to fight his way into the frozen North.

The May number of McClure's is a brilliant example of the editorial enterprise in securing the right article at the right time, for which this magazine is famous. When McClure's sees a big story it goes to headquarters for it; and so in May we have, first, Miss Stone's own account of her capture and imprisonment by the brigands, and, second Prince Henry's impressions of America recorded by the one American whose testimony on this subject is authoritative—Admiral "Bob" Evans. Another notable contribution to the number is George W. Smalley's paper on "English Statesmen and Rulers"—the second of a series of personal reminiscences by this most distinguished of American newspaper correspondents.

Two authors who have won their best deserved popularity as writers for McClure's Magazine are Frank H. Spearman and Clara Morris—the first as a writer of railroad stories, and the second by her recollections of the stage. In the May number each of these authors tries a new field—Spearman has a rattling detective story—"A Night with Whispering Smith," and Miss Morris a beautiful bit of historical fiction, "Sarah Siddons' Tryst." These are only a part of the good things in this number.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Nutritious Foods—The present high price of meats has directed attention to other foods which are nutritious and less expensive. Some of the cereals make excellent substitutes and are being more extensively used. People in this country eat too much meat but will be better physically if the present high prices cause them to eat less meat. Meat once a day is sufficient for most people. Cereals, eggs and nuts give excellent nutriment at less expense and with better results. The high prices made by the meat thust will result in less meat eating and better health.

Strychnine in Tuberculosis—Strychnine is a remedy which must be carefully studied to appreciate its value, Its use in pulmonary tuberculosis has given some very pleasing results. The Philadelphia Medical Journal says: When cases of pulmonary tuberculosis are first seen in the stage of marked cachexia, hygienic treatment alone will do little. Arsenic was formerly relied upon in such cases. Ferran advises strychnine, with or without arsenic. When prolonged, in moderate or large doses, its effect is excellent. He reports 18 cases treated with strychnine. No depression follows the stimulation from the drug; and the stomach seems to tolerate it well, even in high doses daily. Two case-histories are given in detail. The best results were obtained with arsenic and strychnine associated. In all cases, the power of resisting tuberculosis seems increased. Ferran advises strychnine and arsenic as the drugs most indicated in pulmonary tuberculosis.

Gall-Stone Colic—This is one of the very distressing conditions which all physicians are interested in relieving as quickly as possible. Dr. Wm. L. Heeve, of Brooklyn, says in the New York Medical Journal:

The intermittent sharp, stabbing-like pains of short duration, denoting the progressive onward passage of small stones can most positively be overcome by the following:

℞ Ext. podophylli fl., m. xxiv.
Ext. dioscoreae vil. fl., f℥iij.
Tinct. lobeliae, f℥ij.
Aquæ chloroformi, ad f℥iv.
M. Sig.; A teaspoonful every half-hour.

Olive-oil, so highly extolled, is not a specific, as some authors would have us believe, and it is certainly a nauseating medicine to most persons suffering the tortures of colic, with its reflex nausea and vomiting. Its action may be relied upon only when the obstruction is at the diverticulum of Vater. If it is combined with aromatics, it is more likely to be retained. The folfollowing has been successful in my hands:—

℞ Oil of cinnamon, m. v.
Methyl-salicylate, m. vj.
Menthol, gr. ss.
Saccharin, gr. j.
Essence of anise, m. xv.
Olive-oil, Oj.
M. Sig. At one dose.

Cerebral Hemorrhage—Dr. Wm. Browning give some valuable "don'ts" regarding the treatment of cerebral hemorrhage which are worth remembering. They are: Don't give stim-

ulants. Their use in such cases is most reprehensible. Don't resort to saline injections. During the acute stage a limitation of fluids is in order. Don't use the depressant diaphoretics such as ipecac, pilocarpin or apomorphin. They tend to nauseate, an inclination otherwise too common and, in the degree of attempts at vomiting, most undesirable. Don't prescribe digitalis. The author has repeatedly seen it bring on another attack. It is a dangerous drug in any individual with a liability to apoplexy, and for this if for no other reason of questionable utility in nephritis. When anything of the sort must be used, strophanthus is safer. Don't resort to opiates. They are likewise contraindicated. Don't try nitrites, as their use in any form is here out of place. Don't permit any muscular exertion on the patient's part, and moving by others should be limited as much as possible.

Suprarenal Capsule in Hemorrhages—Some very favorable results have recently been secured by the administration of suprarenal capsule, one of the newer therapeutic agents which has positively demonstrated its usefulness. The International Medical Journal publishes the following abstract of Dr. Floersheim's experience:

Floersheim has reported a series of interesting cases in which severe hemorrhage has been controlled by the administration of the powder of suprarenal capsule placed on the tongue and moistened by the saliva. In some few cases its exhibition was followed by nausea and vomiting. The effect of the drug was, as a rule, observed in about 10 minutes. Of the cases treated 21 were hemoptysis of different origin and with various complications; even when there was some grave heart, lung or kidney complication, suprarenal powder always proved a safe and prompt remedy. The 23 other cases were hemorrhage from the uterus; 3 were carcinomas, 6 were cases of hemorrhage post-partum, some severe. Four were hemorrhages following incomplete abortion; after the uterus was emptied, the bleeding promptly stopped. The 9 others were bleeding during or after pregnancy. In all the cases the most favorable results were seen; in some where abortion was threatened, pain and bleeding were promptly arrested and the cases went on to term. Usually 4 powders a day were given in these cases until all sign of trouble had passed away. The report also includes a severe case of hematemesis.

Asthma—We have all heard of reflex asthma, neurotic asthma, bronchial asthma, heriditary asthma, etc., but leukocytic asthma is something new. Dr. G. N. Jack of Depew, N. Y., sweeps aside all of our previous ideas of the etiology and pathology of asthma and attributes all asthma to a toxemic leukocytosis. In a paper in the New York State Journal of Medicine he makes these statements:

The most misleading feature of asthma, and that which has successfully thrown investigators off their guard through all time past, is that all asthmatics have the same story to tell about some smell or some dust bringing on the attack, and which the poor victim firmly believes is the sole cause of his misery. Where, as a matter of fact, he has long had a vicious circle established, which usually is: faulty digestion, intestinal toxemia, unstable blood and an irritated and sensitive condition of the mucous membranes of the entire respiratory tract, with perhaps an engorgement of the numerous glands there situated, with waste products from a rapidly disintegrating blood. How plain now to see this vicious circle stealthily and slyly creep-

ing over its prey, to successfully conceal itself behind the innocent odors that spring the trap so secretly set, and which the poor, deceived asthmatic so vehemently fights. Along with the rose season, to increase the confusion at the true cause, we have more bowel trouble, more unstable blood, more catarrhal condition, more asthma. When the asthmatic is loaded for an attack he is playing close to the oxygenating margin, and any chemical combination with the inhaled oxygen, as odors, or mechanical, as dusts, that interfere with oxygenation will hasten the oncoming attack, which he would have had anyway, as has been shown by attacks coming on asthmatics while at midocean, who theretofore had always supposed their asthma to be due to pollen dust.

If the patient cannot recall any offending odor he will, to the satisfaction, or perhaps suggestion, of his physician locate some supposedly reflex cause which closes the investigation.

Another misleading feature that has ever helped to encourage the nerve and pollen dust theory is that the blood of all asthmatlcs is very susceptible to the malarial-like changes found in damp and swampy, ill-drained districts; hence, many will do better in our modern cities, with a perfect sewerage system and asphalt pavements, than in the country.

Asthma in its hereditary aspect also is peculiarly illustrative of an unstable blood and an enfeebled digestion, extending usually in an alternating manner through a long ancestral line. Thus we infrequently find asthma in one generation alternating with migrain, eczema or rheumatism in another, to be followed again by asthma.

It will be seen, then, that asthma is not a disease by itself, having a well-established entity, but that is not only a symptom, a part of a vicious circle, or an abnormal biochemical and complexpa thological process, originating in the intestinal canal, through a long-standing intestinal indigestion and toxemia, with faulty absorption and metabolism, producing a toxic or lymphogenous chyle that generates an unstable blood, characterized by its extremely varied, numerous and alarming paroxysmal, morphologic changes, often alternating between a lymphocytosis, an intestinal toxemic leukocytosis, or an anematsois;accompanied anatomically by a hyperplasia of the lymphatic and glandular structures and clinically by a most wretched and agonizing dyspnea. This definition makes it plain that the one characteristic pathological feature of asthma is the unstableness of the blood.

During long quiescence the blood of the asthmatic usually presents no demonstrable pathognomonic constituents, but repeated blood analyses during attacks most vividly picture its unstableness. During some attacks the blood will present quite constant pathologic changes, indicating throughout the attacks a decided lymphocytosis, an intestinal toxemic leukocytosis or an anematosis, but most frequently we find the blood rapidly oscillating between these three varieties, and occasionlly there will be a blending of two of the three abnormalities or of the entire group.

Chloroform Anesthesia—Dr. Thos. G. Sloan contributes an excellent article to the Yale Medical Journal on the use of chloroform as an anesthetic. He gives the following indications and contra-indications for chloroform anesthesia which we are sure our readers will find useful:

For the contra-indications of chloroform I would give the following:

1. Myocardial weakness, fatty degeneration, myocarditis, considerable fatty infiltration, and dilatation of the heart without hypertrophy.

2. Valvular weakness. Valvular lesions, if well compensated, do not contra-indicate chloroform.

3. Shock, depression and hemorrhage, as in accident cases, strangulated hernia, intestinal obstruction, and the like.

4. Operations involving considerable hemorrhage, or considerable intestional manipulation.

5. Very long operations, the danger increasing with the length of the operation.

6. Joint manipulation, merely as deep narcosis is necessary and may be dangerous.

7. Alchoholics do not take chloroform well, and strong, muscular men are apt to give trouble, muscular rigidity, irregular breathing, falling back of the tongue, cyanosis, and vomiting being common.

8. Dental operations, particularly with the patient sitting up. For that matter the sitting position is dangerous, and in extracting teeth the lower jaw is pushed downwards and backwards, tending to interfere with respiration, and the patient is often not well under.

9. Tumors pressing on the trachea or interfering with respiration, as goitre and Ludwig's angina.

10. Emphysema, expiration usually being poor.

11. Cyanosis or dyspnoea.

12. Empyema, infusions of any kind in the pleura, and operations on the chest in general. (The position usually chosen, is with the healthy side of the chest, already overworked, underneath, thus increasing its embarrassment.)

13. Great effusions in the abdomen interferring with respiration. (When the effusion is relieved, chloroform is satisfactory.)

14. Operations necessitating the prone position, particularly in very heavy persons.

15. Chloroform is about twice as dangerous in males as in females.

16. After all this list there remains a certain number of persons who from some cause do not take chloroform well and ether must be substituted. Of course it is impossible to make absolute rules in chosing the anaesthetic. Often the less objectionable must be selected as both are more or less dangerous.

Chloroform is particularly indicated in:

1. Nephritis, acute or chronic. It is held that in healthy kidneys albumenuria follows chloroform more often than ether, but that the reverse is true in diseased kidneys.

2. Acute inflammations of the respiratory system.

3. Stout people usually take chloroform well if it is largely diluted with air.

4. Small children take chloroform better than ether, the hypersecretion of mucous in their small air passages being often dangerous. Small children have a tendency towards swallowing the tongue, which must be overcome by keeping the jaw well forward.

5. Patients with atheromatous arteries and aneurisms. Chloroform lowers arterial tension while ether raises it. These patients with chronic bronchitis and little emphysema usually take chloroform well.

6. If chloroform is more desirable in kidney operations I do not know. I have seen one death from urinary suppression following chloroform, and two cases where vomiting for over twenty-four hours occurred after nephrotomy under chloroform.

7. Operations on the brain and thyroid. The lowered blood pressure lessens the hemorrhage.

8. In labor, when given to analgesia only during the pains, and to the surgical degress as the head is delivered.

9. In cases where complete relaxation cannot be obtained with ether.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

HYSTERECTOMY FOR CANCER OF UTERUS.

By T. J. Biggs, M. D., Sound View Hospital, Stamford, Conn.

Mrs. T., age 47, American. Diagnosis, carcinoma of uterus. Entered hospital Oct. 10, 1901, in a greatly run-down condition. She was put on an absolute bovinine diet, until Oct. 14th, when at one o'clock she was given a high rectal injection of bovinine and salt solution, three oz. of each, and at two o'clock, under ether anæsthesia, I performed an abdominal hysterectomy. Just before the uterus was detached from the vaginal wall, the patient showed considerable shock, and consequently the nurse was ordered to give her another high rectal injection of bovinine and salt solution, two oz. each. She responded to this beautifully. The operation was completed by the closure of the abdominal wound, the pelvis being drained through the vagina. Patient was put to bed with the pulse weak and 112. She was given another high rectal injection of bovinine and salt solution, three oz. of each. In twenty-five minutes she was conscious, pulse greatly improved, being 100, and full in character. No nausea, thirst or vomiting. The second day the vaginal drain was removed, the wound and the vagina treated by injections of bovinine pure, employed t. i. d. Previous to every injection of bovinine into the vagina, the cavity was washed out with borax solution. These injections were continued three times a day up to Oct. 16th, when twice in twenty-four hours was deemed sufficient. She was now allowed a light general diet together with bovinine. Oct. 24th, the stitches were removed and the abdominal wound found to be healed. From this time on her recovery was uninterrupted and she was discharged cured Nov. 16th.

CERVICITIS.

By W. H. Shrader, M. D., Chicago, Illinois.

Mrs. H., age 43. This patient has had recurrent attacks of cervicitis, involving to certain extent, the upper portion of the vaginal vault, together with an acute inflammation of both ovaries. The condition here was brought on by a severe cold, having suffered similar attacks previously from the same cause. Patient in this attack suffered much pain in both ovaries, and upon micturation, occasioned by the existing by the inflammation along the urethra. During the initial course of her illness the pain in the ovaries became so intense, that I was obliged to resort to the hypodermic use of morphine to subdue the severe symptoms. This case belongs to that class where resort must be had to the careful and judicious use of local applications, together with the properly selected internal remedy. Having used glyco-thymoline in a number of similar cases, I inserted a large tampon, throughly saturated with this remedy, high up in the vagina. I ordered that the tampon be allowed to remain in position twenty-four hours, after which it was to be removed and

followed with a hot, vaginal injection containing one teaspoonful of glyco-thymoline to two quarts of water. This line of treatment was continued faithfully for one week, every day, after which the tampon as above suggested, was inserted twice a week for three weeks. The patient at the present writing continues well, and as it has been a number of months since her last treatment, I feel it a duty and a pleasure to recommend glyco-thymoline in this trouble.

ECTHOL.

Ecthol is an American preparation made from a mixture of the fluid extract of thuja and echinacea augustifolia. The latter is a plant belonging to the natural order compositae, which grows in North America. The fresh root of this plant is in high favor with the Indians as an antidote against the bites of serpents. Dr. Stinson found that this plant promotes the flow of saliva, is a mild and inoffensive antiseptic, and, above all, an aphrodisiac. It is employed in malaria, in typhoid and in diseases of the stomach as well as locally in the form of an aqueous solution of the fluid extract as an aphrodisiac. In addition it may be given internally in the form of a fluid extract or a tincture. Ecthol is said to be the most powerful antagonist of suppuration. According to Meyer this substance has a powerful effect in toxemias. Parker, Webster, Snyder and Russell have shown that it is of great service in infectious diseases, in septic wounds and in bites of serpents, as well as in chronic catarrhs.

AMENORRHEA.

Suppression of the menses in those patients the subject of chlorosis and anemia, is perhaps the most frequent form of amenorrhea; such cases illustrate the conservatism of nature in not allowing the already insufficient blood to escape. The symptom group, viz., loss of appetite, dyspepsia, flatulence, constipation, indisposition, shortness of breath, palpitation and insomnia, is indeed a a complex one and simply means penury of nerves, blood and nutrition. Chlorosis, with its enormous reduction in the amount of hemoglobin, can be also appropriately grouped here. In conjunction with detailed hygienic measures there is but one rational method of treating these cases, i. e. by a persistent endeavor to rebuild the wasted elements of the blood, to endow the exhausted nerve cells with structure and function, to restore activity to the many abrogated physiologic functions. The remedies recommended and employed by every physician are iron, quinine, strychnine and the hypophosphites. Fellows' hypophosphites is to be preferred in these cases because not only does it contain these essential remedies and tissue elements but because of its special beneficial influences upon the processes of digestion, assimilation and nutrition.

ANIMAL LYMPH COMPOUND

By Willis P. King, M. D., Kansas City, Missouri.

After having used the Roberts-Hawley animal lymph compound for nearly two years, I am prepared to report the following results:

Tuberculosis of Lymphatic Glands. One case in a boy 10 years old. He showed such unusual susceptibility to the remedy that I found myself constantly over-dosing him; until, after a four weeks' trial, he was taken home, with apparently no benefit. His father wrote me some months later, that he had improved greatly, which he attributed to the treatment.

Multiple Neuritis—Patient was a male, lawyer, aged 32, hard drinker; had been one month in local hospital, when he came to me. Walked with great difficulty, and suffered terrible agony from pains in lower extremities. After one month under local neurologist, during which time he grew worse, and was taking enormous doses of morphine, I began the lymph, in ten drop doses hypodermically, twice a day, then increased to a midday dose of 16 drops. He improved from the beginning, and on the 13th day, unbeknown to him, I took away the last of the morphine, substituting water, except an occasional dose of codeine phosphate. He made a prompt and excellent recovery and is well today.

Chronic Interstitial Nephritis—Three cases, all in men, and all bad ones; large amounts of albumen, tube casts, etc., with immense anasarca, inability to rest or sleep in the recumbent posture. All in practically dying condition. One made complete recovery in 30 days, one in two months, one improved rapidly for three weeks, then grew suddenly worse from a recurrence of dropsy and died.

GASTRALGIA—ITS TREATMENT.

Gastralgia, is for therapeutical purposes, divided into two groups by Professor Saundby (N. Y. Medical Journal.) The first group comprises those cases in which pain occurs independently of eating, and the second group, those cases in which the pain occurs after food is taken. The treatment of the first class consists of change of scene, a sea voyage or mountain air and abundant food at regular intervals. The palliative treatment consists of iron, quinine, arsenic, nux vomica and the mineral acids.

For the second class, the treatment is, rest in bed, milk and lime water in sufficient quantities, say an ounce every hour. A nutrient enema of one egg, beaten up in four ounces of milk, to be given every four hours. The amount of milk should be increased with improvement, and if milk fails, from two to four ounces of lightly cooked minced meat may be substituted.

For the relief of the pain in both cases, Saundby gives morphia or heroin, but in a recent clinical report Professor Boone, College of Physicians and Surgeons, St. Louis, states that he finds one antikamnia and heroin tablet (5 grains antikamnia; 1-12th gr. heroin hydrochloride) given as required not only relieves the pain, but prevents its recurrence, much more satisfactorily than either heroin or morphine alone. In other respects he concurs with Professor Saundby in his method of treatment.

PEPTO-MANGAN.

Whenever a thoroughly effective and reliable preparation is placed on the market, numerous imitations also appear. Gude's pepto-mangan is a preparation of value which cannot be cheaply prepared. The M. J. Breitenbach Co. has been greatly annoyed by the imitations of Gude's pepto-mangan and has recently successfully brought suit against one firm. The result was a sweeping victory for the Breitenbach people, and an injunction was issued against the firm, and an order issued that all of the wrappers and packages made in imitation of pepto-mangan should be destroyed. An order was also entered that the defendant company should render an account of all the profits arising from the sale of the imitation preparation and also pay damages for the loss of profits incurred by the M. J. Breitenbach Co. This will undoubtedly deter others from imitating pepto-mangan (Gude.)

BRIEF MENTION.

It is a good idea to think twice before saying something mean.

The invalid's room should always be made as bright and pleasant as possible.

Dr. Becker's compound digest gives good results. Samples free to our readers.

Dr. Graves' tooth powder is good. Send for some free samples for your patients.

Noitol cures eczema, send to the Wheeler Chemical Co., for free literature and samples.

Irrigation with hot saline solution has been recently successfully used in treating gonorrhoea.

The Antikamnia Chemical Co., is taking some vigorous measures to prosecute substitutors of their products.

In ophthalmia protargol in the majority of cases can take the place of silver nitrate. Protargol is efficient and seldom causes pain.

Phenolphthalein is a new purgative which is given in doses of 1 to 3 grains Its action is similar to sodium and magnesium sulphates but is milder.

Gray's glycerine tonic is in the broadest sense tonic, restorative, reconstructive. It is an indispensable aid in the treatment of poverty of tissue, blood or vitality from whatever cause.

Dr. C. R. Keyes, of Lodi, New York, writes: I find that neurilla is a calmative par excellence, and thank you very much for bringing it to my notice.

Chloropepsoid contains the active principles of the normal gastric juice and is as well an artificial digestive, as it promotes the secretion of the natural digestive fluids.

Dr. J. W. Russell, of Clyde, Ohio, says: I have used sanmetto extensively in genito-urinary irritations, and in atony of the generative system, with splendid results. I am also pleased with its action as a general tonic in cases debilitated as a result of la grippe.

Jas. Cooper, M. D., Bellefontaine, Ohio says: I prescribed aletris cordial for a married lady who was troubled with irregularity, partial retroversion and general weakness of the uterus. I did not see her, as she lived at some distance, but prescribed aletris cordial on a venture. She reported that she was much benefited by it.

A few of the eminent members of the profession who have endorsed Fellows' syrup of hypophosphites are-Fothergill, Lenox Browne, Tait, Pepper, Baron Von Kraft-Ebing, Loomis, Flint, Silver, Hammond, De Garmo, Ingalls, Byford, Reed, Marcy, McMurtry, and Bigelow.

At the Indiana Traveling Men's convention held at South Bend, Indiana, April 2d and 3d, 47 of the 1200 in attendance signed contracts with the Harris Remedy Co., of that city to sell their famous Painless One Night Pile Cure to physicians and druggists. It is certainly a remedy deserving the attention of every physician.

This Concerns you, Doctor,

Just as much as your patient. Your ability to understand what medication your patient needs is an important part of your professional duty; but another and no less important, part of that duty is to know which is the best preparation of that medicament to prescribe. "Beef, Iron, Cinchona and Brandy, in combination, are of inestimable value in wasting and exhaustive diseases."

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ECZEMA AND ITS CURES.

By M. E. Chartier.

Docteur en Medecine de la Faculte de Medicine de Paris, Membre Correspondant etranger de la Grande Encyclopedie, Section de Philologie.

Through experience extending over twenty-five years in the field of practical medicine, I have come to the conclusion that very few physicians can successfully handle an ordinary case of eczema. The main trouble, I believe, is that most preparations used to cure that troublesome disease are not readily absorbed, even if said preparations contain the proper ingredients.

Many physicians attribute their failure to the fact that in many instances the blood of the patient is deeply involved, and therefore that internal remedies are in order. This is only true to some extent, as it has been demonstrated that medicines administered by rubbing into the skin act directly upon the blood. This process has the advantage of obtaining the desired result without upsetting the stomach of the patient. This is particularly true of children and delicate women.

In Scrofonol I have found an effective preparation which acts promptly, giving relief from the very start. It is in the shape of ointment scientifically compounded, and the effect on the skin is obtained in a comparatively short space of time. The following cases treated by me are typical, and for this reason I may be allowed to call attention to them:

Henry G.—boy 14 months old, has been troubled during the last three months with infantile eczema; the face is particularly affected. The child cannot sleep at night on account of the intense itching. The mother is instructed to dry the parts and apply the cure with a soft cloth four or five times a day, so as to keep the skin perfectly moist The little patient becomes more quiet at once; sleep is restored, and inside of ten days the skin presents a healthy appearance. No medicine given internally.

Amelia G.—3 years old, sister of above patient. This case is not quite so bad; yet the face is covered with scaly eruptions. Same treatment. Cure affected inside of a week.

Edward M.—48 years old, molder by trade. This man is a hard drinker. He complains to have been sick for years with eczema. The legs and feet are covered with thick scales; inflammation very severe as is demonstrated by the appearance of the skin. The patient is ordered to cut his supply of liquor; besides the cure is applied four or five times a day. A permanent cure is secured in about six weeks. I shall say that this patient was in a very poor condition, probably on account of his drinking habits.

I could relate many similar cases in which I have obtained the best results. I will add, however, that I consider Scrofonol a specific in all the variety of that disease, particularly in acute eczema (salt rheum) and chronic cases of long standing. I have also used this preparation with success in ring worm, pimples, barber's itch and other skin eruptions. That the cure has been permanent in each case can not be doubted, as I have not had a single relapse when the treatment has been faithfully followed. In each instance the healing has taken place quickly, leaving the skin smooth and in a healthy condition. The cases of the children mentioned above are typical in this respect, on account of their surroundings. These children belong to a poor family, living in a tenement house, and therefore not enjoying a sufficient amount of fresh air. For free sample and literature address,

PHENIQUE CHEMICAL CO.
St. Louis, Mo., U. S. A.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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LEADING ORIGINAL ARTICLES.

TREATMENT OF CANCER OF THE RECTUM.

By Geo. J. Monroe, M. D., Room 30, Courier Journal Building, Louisville, Kentucky.

When I come to the treatment of malignant disease of the rectum, I am sorry I cannot give any certain and absolute cure. In fact, I doubt if very much is as a rule gained by any treatment we may use. We are sure that palliative treatment amounts to little. Local applications are generally ineffective. I have several times witnessed benefit result from treatment, and a few times I am certain that a cure has resulted.

Mr. W. had cancer of the rectum, epithelial form. I used the various remedies recommended. Patient was not benefited in the least but the cancer was extending. I decided to obtain the opinion of Dr. P. an expert in this class of diseases. I placed him upon a placebo. I prescribed for this purpose slippery elm bark, that the bark be obtained fresh, that a poultice of this be made and kept continuously over the anus, that a mucilage be made from this bark, and four or six ounces be injected into the rectum night and morning. The last injection before going to bed, and retained if possible. I also advised him to drink all the mucilage he could—if it became repulsive to add a little lemon juice to it. He drank a quart or more a day. Of course I expected nothing but a soothing effect. The bowels began to act regularly, heretofore they had been constipated, and each forced action had irritated the local inflammation. The actions now were free from pain and annoyance. The inflammation soon began to subside, pain almost entirely ceased, and the infiltration began to absorb and disappear. He was soon comfortable. His appetite increased, and he began to take on flesh. He could sleep all night. All tenderness disappeared. New and healthy granulation took place, the pus and mucous discharge ceased. The offensive odor disappeared and the sore healed entirely. It is now ten years since the treatment and he has had no recurrence of the disease. For a week in every month since, he has taken the slippery elm and also has used it as an injection. I have told him several times to discontinue it but he says it is very little trouble for him to use, and on account of the great good it has done him, he does not propose to give it up. About two weeks after he ceases to use it he becomes constipated

but after using it two or three days his bowels begin to act freely. I have prescribed it many times since simply for constipation. It relieves every time, but after the use is stopped for a few weeks the constipation returns.

I have cured several cases of rectal cancer by this method of treatment. Several doctors have reported to me favorable results from its use. I met a doctor at the State Medical Association, at Mayesville, Ky., three years ago, who told me that he believed that I had been the means of saving his wife's life by his happening to see in some medical journal, where I recommended the slippery elm treatment. He said she had cancer of the rectum and the slippery elm had absolutely cured her. The only explanation I can give of this favorable result, is that the elm is soothing and allays all local irritation. It also keeps the bowels soluble. That it will cure all cases, I do not believe as it has failed a number of times in my hands to do so. It may be possible if it were used at the commencement of the disease, and persisted in, it would cure all cancers of the rectum. I do know that in every case I have used it, it has alleviated the suffering materially. I also believe if it will not in all cases cure, that it allows a patient to live in comfort, and will greatly prolong life.

We do not gain much by surgical means, unless it is used early. Unfortunately we do not see cancer of the rectum as a rule until the disease has made considerable progress. If we could see cancer of the rectum when it first begins, I think its removal would be beneficial and perhaps curative.

Mr. G. came to see me for what he supposed was some trivial disease of the rectum. He thought it was a slight attack of hemorrhoids. We find in nearly all cases who apply to us for rectal treatment that they believe they have hemorrhoids. Upon digital examination I found an indurated mass not much larger than a coffee bean about two inches up in the rectum. I removed it and brought the edges of the cut surface of the rectum together with cat-gut suture. Gave powdered opium, one grain and repeated in six hours to control the action of the bowels and kept the patient upon a liquid diet mostly for three or four days. There was no recurrence of the disease. I am satisfied that it was a cancerous growth. The microscope confirmed my diagnosis.

Mr. Getty came to me several years ago with what he supposed was hemorrhoids. I found a cancerous growth about one inch and a half up in the rectum. I removed this and treated him the same as I did the first case. That was four years ago. He was in my office last week, with a growth as near as I can tell about the same size as the first, and I think right where the other was. I will remove this growth, which I am satisfied is a cancer, next Sunday.

I have treated a good many cases in this way and nearly all successfully. When I have performed the same operation upon cancers that are broken down, they nearly all recur inside of six months. My advice then is to operate early upon cancer of the rectum if you operate at all. When the cancer has reached large proportions and has ulcerated, I do not think Krask's operation or Dr. Weir's or any other surgeon's operation is advantageous. I doubt very much if the patient's life is made any more comfortable or that it is extended enough to be worth while to operate. I do not believe much is gained by colotomy.

I am satisfied that the strictured condition of the rectum resulting from cancer can be temporarily relieved by injections by dilatation with a bougie or the finger. I prefer the finger if we can reach the stricture. My method is to introduce the finger through the

stricture if I can and gently massage the parts for ten minutes. This can be repeated every second or third day. Absorption to some extent seems to follow this method of treatment.

I think I have derived benefit from galvanism, and faradism; when we use the faradic battery the negative pole had better be attached to the bougie; with galvanism I doubt if it matters which pole is used in the rectum.

There is an immense sight of literature relative to the treatment of rectal cancer. The majority of it is simply words which have not been proven. Every little while we find some cure of cancer of the rectum reported. If it is at all plausible we try it and as a rule are disappointed with it, not producing the results the author has claimed.

The facts are about as follows: Nothing so far as yet known, can be done for a patient who has cancer of the rectum. As a rule we cannot cure hence it seems that our efforts should be directed toward alleviation. We do know that opium relieves pain. The logical result then is to use sufficient to make our patient comfortable. In a recent article I see this idea is condemned, yet the author gives us nothing better, and until something better can be used, I for one will use opium. I refrain from its use as long as possible and give as little as possible, yet I give it in sufficient quantities to give ease. We all know that the dose of opium has to be constantly increased. Well, this is better than constant suffering.

Somehow or another I have formed an idea that sugar and starches increase a cancerous disease. I now prohibit their use as much as possible.

To sum up, I would say, keep the bowels regular, and I would by all means recommend the slippery elm for this purpose. Allow no fecal matters to accumulate in the rectum. Cascara sagrada, nux vomica, ipecac and belladonna may be used. I presume it will be looked upon as presumption upon my part, to say anything in condemnation of cascara sagrada. I am satisfied I am not getting the favorable results from cascara sagrada that I formerly did. It does not produce an easy and agreeable action. I find of late that there is an immense amount of gas produced from cascara. The action is not free, and is accompanied with a great amount of colic. I will dwell upon the effect of cascara at greater length in the near future. We may derive benefit from the injection of a pint of cold water into the rectum about every second day. We may dissolve in this a half teaspoonful of borac acid or borate of soda, or two grains of permanganate of potash. I have found a teaspoonful of Merrell's liquid hydrastis in a pint of the slippery elm water to be serviceable. It seems to markedly decrease the discharge. Use no extensive surgery after ulceration has taken place. Keep the patient as well nourished as possible. We may give the malts, cod liver oil, syrup of the hypophosphites, etc.

Cancer of the rectum proves fatal as a rule from two to three years, in spite of all we can do. About all we can aim to do is to keep the patient as comfortable as possible, and prolong life as long as we can. I am sorry I cannot offer more at this time for the treatment of cancer. We are in many things progressing in the use of medicine and in surgery, and I believe the time will arrive, when we can absolutely cure cancer of the rectum, as well as all other cancers. Speed the day.

To relieve colic in very young infants, I direct ⅛ gr. hydrarg cum cretae placed on end of nipple at time of nursing, 3 to 6 times daily.

F. G. Thomason, M. D.

Kissimmee, Fla.

LANDMARKS IN THE OVIDUCT.

By Byron Robinson, B. S., M. D., 100 State St., Chicago.

[CONCLUDED FROM PAGE 141]

VI. ATROPHIC DEGENERATION (Pathology.) (1) Atrophic degeneration, shrinkage. (6) Extensive pathologic degeneration of parenchymous cells, (as muscle, elastic, epithelial and cilaiated cells.) (3) Leather like consistence of endosalpinx and myosalpinx. (4) Excessive proliferation of connective tissue cells. (5) Incapacitated for transportation. (6) Arterio-sclerosis and calcification. (7) Practically peristalsis, secretion, absorption, transportation of ova and spermatozoa (function) disappears. The oviduct does not exist as an organ but as a remnant.

VII. AGE PREDISPOSITION OF OVIDUCT TO DISEASE.

I. PUERITAS (quiescence) (resting.) Childhood, duration one to twelve years, automatic menstrual ganglion undeveloped, hence peristalsis, ciliary motion, secretion, absorption, transportation of ova and spermatozoa not yet begun, growth not as fast as corporeal increase. Myosalpinx and endosalpinx non-developed, non-hyperaemic, secretion slight, hence bacterial diseases slight.

(Results.) Bacterial disease slight. (Gonococcus.) Immune, generally from disease, yet incapacitated for ova and spermatozoa transportation.

II. PUBERTAS.—(crisis) (condition.) Duration, 3 years (12 to 15). Rapid oviducal development, utero-ovarian artery springs into activity. Myosalpinx, but especially endosalpinx (sexual organ) increases rapidly. Automatic menstrual ganglia spring into life. Peristalsis (rhythm) secretion, absorption and transportation beginning. Ciliated epithelium arise. Hyperaemia (congestion) and secretion limited, bacterial disease limited.

(Result.) Bacterial disease limited on account of limited hyperaemia and secretion (gonococcus). Endosalpingitis and myosalpingitis limited. Tubercular bacillus may be active. Transportation capacity limited.

III. MENSTRUATION.—(crisis) (condition.) Duration of each crisis, 10 days. Duration of menstrual life, 30 years. Utero-ovarian artery gains another step in development. Automatic menstrual ganglia completely developed, hence oviducal periodic hyperaemia (congestion) and peristalsis (rhythm) myosalpinx, but especially the endosalpinx (sexual organ) assumes rapid development. Secretion, absorption, ciliated epithelium and capacity for ova and spermatozoa transportation are established. Mammae develop with other glands. Periodic hyperaemia, peristalsis, cilary motion and secretion being unlimited bacterial disease is unlimited. Deposit of paniculurs adiposus.

(Results.) Periodic hyperaemia perstalsis, cilary motion (currents) and secretion being unlimited bacterial disease is unlimited. First and foremost the gonococcus and secondly the staphylococcus, streptococcus and tubercular bacillus. Endosalpingitis and myosalpingitis. Sarcoma, myoma (Carcinoma). Hydrosalpinx, pyosalpinx and haematosalpinx. Mastitis and malignancy. The central factors are hyperaemia, secretion and bacterial disease.

IV. GESTATION (crisis) (condition.) Duration nine months. Complete development of myosalpinx but specially the endosalpinx (sexual organ,) and the oviducal segment of the utero-ovarian artery. Oviducal hypertrophy. Hyperaemia and secretion not limited hence bacterial disease not limited except by mechanical powers. Oviducal peristalsis, secretion, absorption and ciliated motion active. Oviducal trans-

portation of ova and spermatozoa mechanically prohibited. Relatively changes its position, moving proximalward and lateralward. Mammae develop. Automatic menstrual ganglia held in abeyence.

(Results.) Hyperaemia and secretion not being limited, bacterial disease is not limited except by mechanical obstructions. First and foremost is the gonococcus and secondarily the streptococcus, staphylococcus and tubercular bacillus, endosalpingitis, myosalpingitis, hydrosalpinx, pyosalpinx and haematosalpinx, sarcoma, carcinoma, myoma, mammary, malignancy and mastitis. The cervical gland frequently secretes large quantities of thick tenaceous mucous. (Mucous plug.)

V. PUERPERIUM (crisis) (condition.) Oviducal emvolution duration three to six months, no hyperaemia and secretion active, hence bacterial disease is active. Oviducal peristalsis, absorption, secretion ciliated motion active.

The automatic menstrual ganglia do not generally act, especially if the subject nurses the child.

The endosalpinx is located at a short distance from a locus minores resistentiae, the placental site—a wound, hence bacterial disease.

The utero-ovarian artery is thrown into coils because the myometrium contracted more rapidly than the artery.

(Results.) Hyperaemia and secretion being active, bacterial disease is active.

The endosalpinx is liable to bacterial disease from the adjacent placental wound. Oviducal ptosis may arise, accompanying gental ptosis (uterus.)

The abundant secretions, culture medium, in puerperium is liable to revive cultures of gonococcus and the result is nearly always a bi-lateral gonorrheal salpingitis with a bi-lateral gonorrheal peritonitis.

Foetal rests may spring into activity, myoma, sarcoma, endosalpingitis, myosalpingitis, hydrosalpingitis, pyosalpingitis or haematosalpinx may arise.

VI. CLIMACTERIUM (crisis) (condition.) Duration three years (45 to 48.) Irregular hyperaemia and secretion. Peristalsis, spermatazoa and ova transportation irregular. Oviducal atrophy, limited or irregular hyperaemia produces limited secretion, hence bacterial disease is limited. Arterio-sclerosis and consequent atrophy and lack of nourishment with end results of neoplasm, myoma. Automatic menstrual ganglia begin atrophy.

The cessation of oviducal function disturbs the vasomotor center (flushes,) the caloric center (heat center) and the perspiratory center (sweat center) because the atrophy of the ovarian and hypogastric plexus does not allow the orders of the abdominal brain to be transmitted. Hence the new forces travel over other nerve plexus—of least resistance disturbing peristalsis, secretion and absorption of other viscera e. g., tractus urinarous and tractus perispiratoris.

(Results.) The vasomotor, caloric, and perspiration centers are disturbed producing neurosis and malnutrition. Hyperaemia and secretion being irregular limited bacterial disease is limited. Arterio-sclerosis and atrophy and deficient nourishment may result in a locus minoris resistentiae and consequently endosalpingitis and myosalpingitis, bacterial invasion, neoplasm, myoma. Atrophy, deficient nourishment in mammae and consequent neoplasm, fibro-myoma, malignancy and mastitis.

VII. SENESCENCE (quiescence) (condition.) Old age, oviducal quiescence, extensive atrophy, degeneration (pathologic) of parenchymatous cells (muscle, columnar epithelia, ciliated epithelia, elastic and glandular cell,) excessive multiplication of connective tissue cell. Arterio-sclerosis, calcification. Atrophic degeneration (pathologic) of cells especially epithelium

produces locus minoris, resistentiae and consequently atria for bacterial invasion; fiirst and foremost gonococcus, secondly streptococcus, staphylococcus and tuberculor bacillus, myosalpigitis, endosalpingitis, neoplasm, myoma and malignancy.

Practically function, hyperaemia, (congestion) peristalsis, secretion absorption, ova and spermatozoa transportation have ceased and the oviduct is in its long night of rest, in its senescence, immune from disease. The automatic menstrual ganglia have ceased to act.

(Result.) Bacterial disease is slight because secretion is slight. However, since atrophy of mucous epithelia exists from arterio-sclerosis, lack of nourishment, producing a locus minoris resistentiae or mucal wound, bacterial invasion may persist, as senescent endomentritis. The atrophic degeneration and disappearance of parenchymatous cells (muscle, epithelium, elastic) and secretion makes the senescent oviduct almost immune against bacterial disease, myoma and to some extent against malignancy.

- Vital
  - a Not necessary to life
  - b Not required for health
  - c Its removal destroys the functional balance of circulation and nerve action of the tractus genitalis
- Pathology
  - Endosalpinx
    - Endosalpingitis
    - Carcinoma
    - Sarcoma
    - Tuberculosis
    - Pyosalpinx
  - Myosalpinx
    - Myosalpingitis
    - Sarcoma
  - Perisalpinx
    - Peritonitis
    - Sarcoma
    - Carcinoma
    - Tuberculosis
  - Fibrosalpinx—Cellulitis
  - Hydrasalpinx, Pyosalpinx, Haematosalpinx

GENERAL.

(1) It is a duct to the ovarian gland. The general object of the oviduct is: (1a) To secure ovum and transport it distalward. (2) To conduct spermatozoa proximalward. (3) To serve as a temporary (or permanent) depot of conception (receptaculum seminis.) (4) The factors in ova transportation are (a) fluid secretion; (b) ciliated motion making a distalward current; (c) peristalsis (rhythm;) (d) the receptaculum seminis or the depot of conception is the vast mucal fold or sporting ground for ova and spermatozoa; (e) the oviduct allows spermatozoa to pass proximalward entirely opposite to currents and ciliated motion and peristalsis.

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GASTRIC FERMENTATION.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

For sour stomach I first stop constipation. This ofttimes can be done with sodium phosphate ʒ i, t. i. d. Then for immediate use when stomach is getting sour I use this anti-dyspeptic tablet:

℞ Strych. sulph., gr. $\frac{1}{60}$.
Powd. ipecac, gr. $\frac{1}{10}$.
Powd. capsicum, gr. $\frac{1}{4}$.
Ext. rhubarb, gr. $\frac{1}{2}$.
Sod. bicarb., gr. $\frac{1}{2}$.
M. To make one tablet.

Also I use the Sir Wm. Roberts formula:

℞ Calcium Carbonate, gr. $3\frac{1}{2}$.
Magnesium Carbonate, gr. $2\frac{1}{2}$.
Sodium Chloride, gr. 1.
M. To make one tablet. Sig. 1 or 2 for sour stomach.

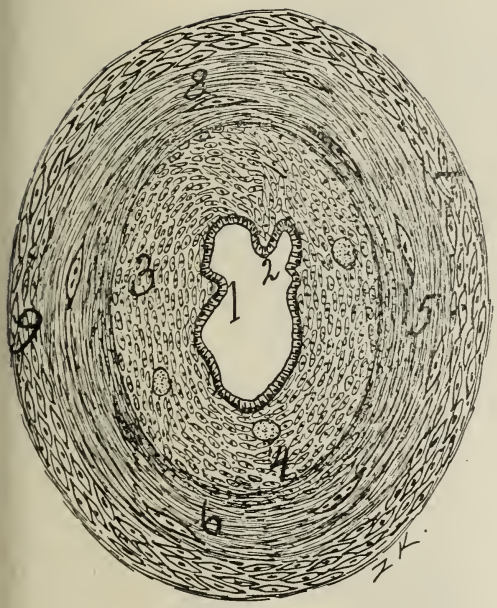

FIG. 6.

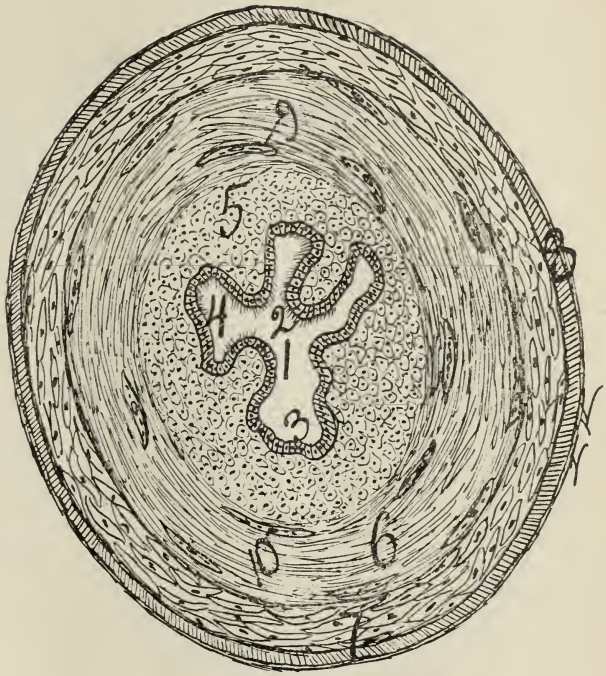

FIG. 7.

FIG. 6. (Byron Robinson).—Oviduct (human) at the junction of endometrium and endosalpinx, i. e., at the zone of a typical mucosa. 1 and 2 point to the epithelia, which is uneven and yet does not show a utricular gland appearance nor a typical endosalpingeal fold. 3—Subepithelial tissue of the atypical zone of mucosa. 4 points to one of the numerous large blood vessels. 5 points to the powerful, large circular muscularis of the oviduct, the myosalpinx. 6 and 8 point to longitudinal muscular bundles disturbed irregularly throughout the myosalpinx, but mainly in two layers, one located internally and one located externally in the circular muscularis. 9 and 7 indicate the fibrous layer or tunica fibrosa, which is surmounted by the peritoneum.

The four great tunics of the oviduct are plain in this cut, viz.: (a), endosalpingeal-endometrial zone (atypical): (b), myosalpinx; (e). tunica fibrosa, and (d), peritoneum. This cut shows that the exact point of the beginning and ending is indefinite and that they merge into each other.

FIG. 7. (Byron Robinson).—Intramural segment of human oviduct, secured by serial sections. It is the first section which shows distinct endosalpingeal folds. 1—Oviducal lumen. 2 stands at the mouth of what might be viewed as a gland—it is an epithelial pouch. 3 and 4 also might be viewed as glands. 5—Endosalpinx, subepithelial tissue. 6—Circular mucularis of the myosalpinx. 9 and 10 point to the bundle of longitudinal muscles located chiefly at the internal and external parts of the circular layer. 7—Tunica fibrosa. 8—The peritoneum. Note the four tunics of the oviduct.

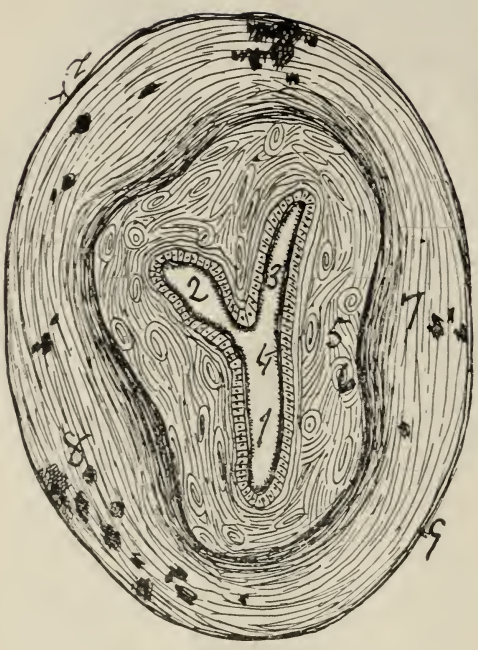

FIG. 8.

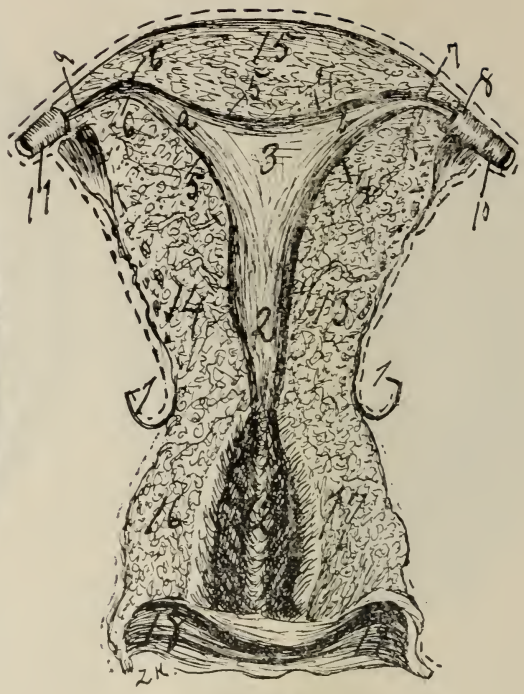

FIG. 9.

FIG. 8. (Byron Robinson).--Is a cut, drawn from my own specimens, to illustrate the resemblance of glands in the intramural segiment of the oviduct. Thi section is taken from the distal end of the intramural segment. 1, 2 and 5 represent evaginators of the endosalpinx in the oviducal lumen. 4 points to the ciliated epithelia. 5 and 6 notes the rich vascular subepithelial tissue. 7 and 8 represents the powerful circular layer, which is the only one present at the distal end of the intramural segment. The black spots in the oviducal wall are coloring particles.

No nuclei are represented in the subepithelial tissues.

FIG. 9. (Byron Robinson).--Illustrates another variety of intramural segment. 1 and 2 is the left and 3 and 4 is the right intramural segment of tqe oviduct; 5, the funnel-shaped process as it leaves the uterine cavity to become the uterine horn; 7, the cavum uteri: 8, the cervical cavity with its folds: 9 and 10, the corporeal myometrium; 11, the cervical myometrium: 12, the fundal myometrium.

The intramural oviducal segment is relatively long in this case. In drawing this cut a suggestion from Hening was employed.

The horn is not so regular as it appears. In the following a series of microscopical sections through the horn one finds that the (a) utricular glands are somewhat irregular (b), the myometrial wall is irregular and (c) occasionally utricular glands displaced.

This uterus has the shape of a nullipara, especially as regards the horns.

FIG. 10.

FIG. 10. (Byron Robinson). Section of human oviduct at its distal end in the isthmus, showing the four tunics. 1, 2 and 3 shows the lumen of the oviduct lined by the ciliated column or epithelia. Observe the endosalpinx presents two folds only. 4 and 5—Endosalpinx. 6 and 7. Circular myosalpinx. 13 indicates a double layer of longitudinal myosalpinx. 8 and 9—Fibrosalpinx. 10 is the point where the peritoneum is reflected on the oviduct. 11 and 12—Perisalpinx. Note the tunics are thicker than those of the ampulla.

FIG. 11.

FIG. 11. (Byron Robinson). Illustrates the orificium uterinum of the oviduct and the intramural segment by making serial sections of the uterine horn. 1—Median section. 2, 3, 4, 5 and 6 shows the location and shape of the orifice through the uterine horn. At 6 the orifice is point formed. 7, 8, 9, 10, 11 and 12. Myometrium. This cut was drawn by making sections of the uterine horn with a sharp knife.

FIG. 12.

FIG. 12. (Byron Robinson). Section of the human oviduct in the ampulla, showing the four coats—perisalpinx, fibro-salpinx and endosalpinx and myosalpinx. 1—Perisalpinx. 2, 2—Fibro-salpinx. 3, 3—Circular myosalpinx. 4 and 5—Longitudinal myosalpinx. 6, 6—Fibrous tissue supporting—practically in two layers. 7 and 8—The endosalpinx, with its major and minor mucal folds. 9 shows blood vessels which course the fibro-salpinx.

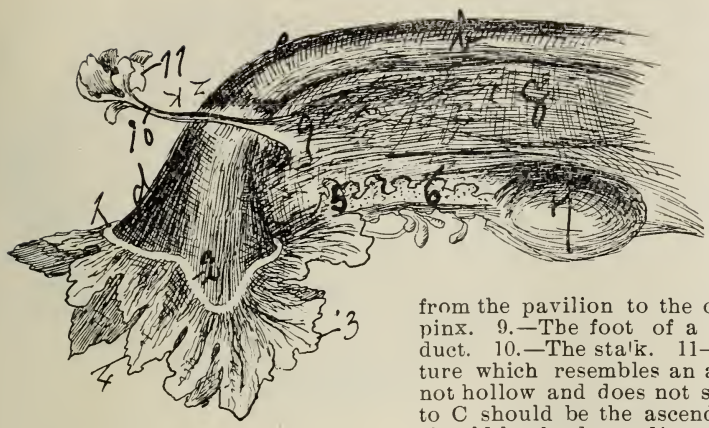

FIG. 13.

FIG. 13. (Byron Robinson). Illustrates the muco-peritoneal line of the oviduct. This unique line is located at the junction of the peritoneum and endosalpinx. 1 and 2—The muco-peritoneal line. 3 and 4—Fimbriae of the pavilion. 5 and 6—The fimbriae ovarica, extending from the pavilion to the ovary. 7 and 8—Mesosalpinx. 9.—The foot of a fimbriated accessory oviduct. 10.—The stalk. 11—The fimbriae of the structure which resembles an accessory oviduct, but it is not hollow and does not spring from the oviduct; B to C should be the ascending segment and C to D should be the descending segment of the oviduct.

FIG. 14. (Byron Robinson). Oviduct of monkey, from the ampulla. 1 and 2—Subepithelial tissue, which is similar to the endometrium except that considerable muscular tissue passes into the primary endosalpingeal folds. 3 and 4—Primary endosalpingeal folds. 5, 6 and 7—Intervening folds. 8—The circular myosalpinx. 9—The longitudinal myosalpinx, which are somewhat interwoven in the proximal end of the oviduct. 10—Perisalpinx, peritoneum (dotted line). 11 and 12—Large vessels in the myosalpinx. 13—Mesosalpinx. 14—Oviducal lumen. The oviduct of monkey resembles closely that of man.

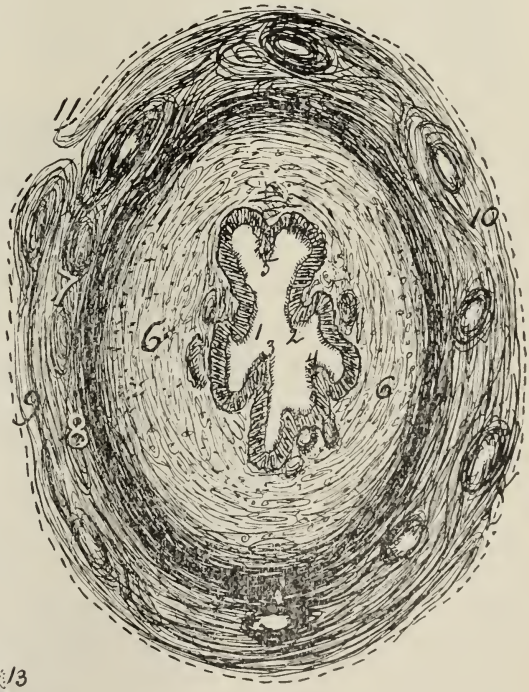

FIG. 14.

FIG. 15. (Byron Robinson). The ampulla of a sow during oestrus. The blood vessels of the endosalpinx are engorged and highly distended with blood. 1, 2 and 3—Principal folds. 4—Secondary folds. 5 and 6 - Intervening folds. 7 and 8—A space inclosed by glandular epithelium. 9—Mesosalpinx. 10—Longitudinal layer. 11—Circular layer. 12—Longitudinal layer. 13 marks off by dotted line the strong circular muscular layer. 14, 15 and 18—Vessels. 17—Peritoneum. The wall is disproportionately thick: however, the section is taken from the distal portion of the ampulla.

FIG. 15.

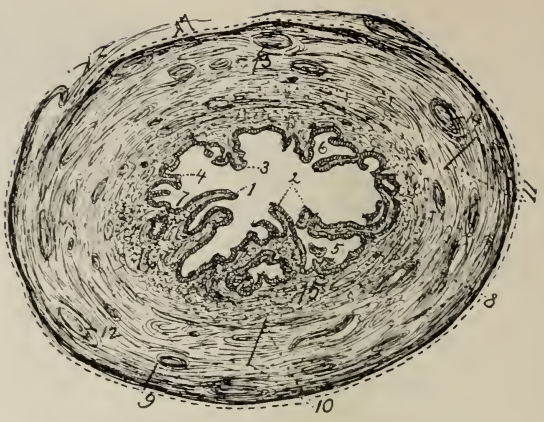

Fig. 16.

Fig. 16. (Byron Robinson). The isthmus of a sow. The animal was in oestrus (rut) and the vessels of the oviduct were engorged and distended. The oviducal wall is drawn slightly thicker than it should be. The dotied line represents the perisalpinx. There are six principal folds and about the same number of secondary intervening folds of endosalpinx. 4, 5, 5, 6 and 7—Intervening non-branched folds. 5 and 6 show spaces which resemble tubular glands. 8—External longitudinal muscular layer. 9, 12, 13 and 14—Vessels lying chiefly between the circular and longitudiual muscular layers of the oviduct. 10 and 11 shows by the dotted and black lines the main thickness of the strong, dense, circular muscular oviducal layer in the isthmus. The dotted line represents the perisalpinx. 15 and 16 represents the vastly congested subepithelial tissue—a myxofibrous tissue. The blood vessels appear to be regulated in general by the muscles of the external longitudlnal muscular layer.

Fig. 17.

Fig. 14. (Byron Robinson). Oviduct of monkey, from the ampulla. 1 and 2—Subepithelial tissue is similar to the endometrium except that considerable muscular tissue passes into the primary endosalpingeal folds. 3 and 4—Primary endosalpingeal olds. 5, 6 and 7—Intervening folds. 8—Thef circular myosalpinx. 9—Longitudinal myosalpinx, which are somewhat interwoven in the proximal end of the oviduct. 10—Perisalpinx, peritoneum (dotted line). 11 and 12—Large vessels in the myosalpinx. 13—Mesosalpinx. 14—Oviducal lumen. The oviduct of monkey resembles closely that of man.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDIAL EXPERIENCE.

By C. E. Boynton., M. D., Los Banos, California.

INTESTINAL ANTISEPTICS.

With the alkaloidal idea comes that of intestinal antisepsis. Somebody reasoned that if you want a clean drug you want to make a clean place in which to put it as fast as you can; so now it is the blooming American fad to clean out the alimentary canal, abolish all cesspools therein and disinfect the whole business with the sulphocarbolates or something.

When something is going wrong ten to one the bile gets banked and the digestive fluids are backward and bad so food rots and the absorbants drink up the filth and thereby the pneumonia or other fever becomes a continued story.

The calomel 10 grains for adults with sodium phosphate ʒj every 1 to 6 hours or Abbott's saline laxative either hot or in plenty of water will clean the road and the sulphocarbolate can do the rest.

And this is the great American A. & W. idea of intestinal asepsis or listerism applied to mucous membranes.

CALCIUM SULPHIDE.

In thirteen years of practice I have perhaps met fifty cases of abscess under the ear, the patients being infants or small children. Thus far these cases have all made a prompt and successful recovery. The staple drug of the treatment has been calcium sulphide, and it has always been my aim to give a laxative and not to lance until there was fluctuation. In some cases these abscesses are very slow to develop but finally the skin gets red under the ear and the child suffers considerable pain. I am in the habit applying anti-phlogistine or flax seed meal poultices, not continuously but every day or two, although I am inclined to think the abscesses would progress quite as well without them. Some local treatment like this at least pleases the mother, who wants to do something, while undoubtedly the hot poultice stops pain for a time.

About five years ago one patient retained a sinus from one of these abscesses which closed after months of systemic treatment. I have heard of these abscesses proving fatal but somehow I hear but little about them in medical journals. As a rule they heal promptly after being lanced and washed frequently with a 1-2000 bi-chloride solution. I have evacuated one-half to one ounce of pus from these abscesses. Will some one say more on this subject.

FOR PAIN WITH RIGIDITY.

By F. G. Thomason, M. D., Kissimmee, Fla.

Where there is pain with any rigidity of the muscles and an opiate is indicated I combine morphine or codeine and 1-30 to 1-50 apomorphine and obtain much better and quicker results than either alone.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

EXCESSIVE MEAT DIET.

For many years the writer's practice has been largely among people of foreign birth. Their ailments, aside from traumatisms and acute diseases, are mainly digestive disorders, chronic constipation and resulting auto-infection. Nine out of every ten prescriptions made for them contain cascara or some other would-be intestinal persuader. These people are great patrons of the patent medicine vender. They use every kind of tea and pills in the market and there is scarcely a household in which one cannot find two or three different boxes or bottles. In nearly every case that has come under my observation, I have ascertained that the trouble dates back to the time when the person came over to this country. There can be only one explanation. Their functional activities have not been able to accomodate themselves to the change in surroundings and mode of life and particularly to the over-abundance of meat in their food. In the old countries, Germany, Sweden and Norway, agricultural laborers live on milk, eggs and chiefly on vegetable foods of the coarsest kind, if they get meat once a week, they are thought to live in luxury, in many parts they eat it only on the few great holidays, as Easter and Christmas. Withal they accumulate the fund of health and strength which has enabled them to make several of our western states what they are to-day. Here they accustom themselves easily to the frequent use of meat and thus lay the foundation for many chronic digestive disorders with their results.

The abundance and cheapness of meat have led to a too liberal consumption of it in America. It produces over-nutrition and lays too great and too constant a burden on the excretory organs of the body, so that many of the ailments which manifest themselves with advancing years, can be charged to it. In an article in Therapeut. Monatsh. for Oct. 1901. Prof. Rumpf, of Hamburg, discusses the therapeutic value of a purely vegetable diet. He shows that the entire nutritive demand in health can be fully supplied by vegetable food. In habitual constipation, exclusion of meat from the diet serves an excellent purpose, an experience which the writer can corroborate. Vegetable diet produces good results in cases of irritability of the heart caused by excitement, physical over-exertions or excesses, also in ophthalmic goitre. In cardiac debility from organic changes in the heart, in gout, diabetes and cirrhosis of the liver, Rumpf does not recommend an exclusive vegetarian diet, but advises a careful regulation of the amount of meat food. The almost universal custom of having a set of artificial teeth put in, when the natural ones have decayed, has the disadvantage of inducing a meat diet at a time of life, when the digestive apparatus is no longer prepared for it. It is difficult to teach this to the people, for they have the idea that it is just the old who need meat, so as to get strength. If the present great advance in the cost of meat turns the American people more towards vegetarianism, it will be productive of much good.

PUBLIC DEBATE ON VACCINATION.

The vigorous campaign against smallpox carried on by the health authorites of the state of Minnesota has stirred up a good deal of opposition throughout the state. The anti-vaccinationists displayed considerable activity and succeeded recently in inveigling the health officers of St. Paul and Minneapolis to meet them in public debate. The outcome was just what was to be expected, if not a defeat, certainly not a victory for rational medicine. The side of the anti's was presented by a medical man from Indiana, of about the same standing in the profession, as Wisconsin's pride, Dr. Rodermund. To carry on logical discussion with such persons is impossible. Their misstatements, garbled statistics, false conclusions can only be met by flat contradiction. They are like the proverbial Irishman's flea. The audience at such a public debate is largely made up of prejudiced fanatics, the newspaper reports are incomplete and incorrect and as a final result probably more harm is done than good. The regular profession should avoid such pitfalls. A few years ago the Rock County, Wisconsin, Medical Society held an open session for the discussion of questions of public health, when a very irregular crank tried to precipitate a debate on vaccination with the usual stock arguments. The society was wise enough to ignore him. It is the only thing to do.

The vaccination question has been settled for the state of Minnesota, for the supreme court has just decided that a health board has the right to order and enforce compulsory vaccination.

PUBLIC SCHOOLS AND HEALTH.

Physicians throughout the land have with increasing frequency and emphasis called public attention to an unfavorable influence which modern educational methods exert on the health of pupils as well as teachers. It is not a question of isolated experience or prejudice, for the medical profession is pretty well unanimous on the point. The matter is being discussed in the press, medical journals, societies and public meetings. Physicians maintain that school life and modern education disregard too much the needs of physical development, that the present educational system is a forcing system, with too much hurry and stress, too great a taxing of the growing mind and that as a result too many, particularly girls, emerge from our public schools with badly strained, if not wrecked health. Curiously enough a majority of educators do not want to admit it, but rather look upon the medical contention as an unwarranted interference and resent it as an encroachment upon their own particular domain. That was the attitude taken by them in numerous instances, notably by two of Brooklyn's foremost high school principals at an interesting meeting of the Brooklyn Medical Society. It is a hopeful sign, however that the public is beginning to take a live interest in the matter and for the most part sides with the views presented by the physicians. The blame does not rest with the individual teacher or superintendent, but with the general system, as it has developed under the demand of the modern complex social life. It is evident that a change, a simplification of the system must be brought about.

It is rather interesting that similar complaint against the schools comes from France. In Paris, inspired by physicians, a league of physicians and parents has been formed to make propaganda for a reform of educational methods on the lines of rational hygiene.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE QUESTION OF AUTHORITY.

Dr. Bush on p. 157 of the current Vol. of the Recorder, seems to grow restless under the chafing of some supposd authority in medicine, and in his writings he certainly goes wide of the mark. Speaking of Bartholow, Potter, etc., he leaves the impression upon our mind that these men are of no authority whatever and that their ideas should not be entitled to any consideration. This kind of talk tires us. Where did Bartholow and Potter get their information that they convey to us in so clear and comprehensive a style? Did they learn it from the freshness of the "sage brush" surcharged with jack rabbits and lizards? Or was it in the "experience" of a well ordered hospital with its "thousands of patients," or in the "up-to-date laboratory where the piercing gaze of the microscopist catches the fleeing essence of disease that always escapes the "observation" and consequently the "experience" of "sage brush" doctors (Dr. Boynton's expression)?

Is there any excuse for discouraging the advice of the authorities, when their teachings are founded upon "experience" just as well as the boastful dictum of the socalled "sage brush doctor," and we are well aware that the preponderance of brain opportunity is in favor of the authorities rather than the "sage brush" ones. Think of it! Have these venerable names never seen a case of measles, whooping cough, scarlet fever, typhoid and all the long list of human ills? Have they never felt a pulse or placed a thermometer under a tongue? Is the expression "lets see your tongue," or "how are your bowels," a hidden mystery to them? What's the matter with them? Are they not doctors too? How did we "sage brush" boys come into the possession of "all" the medical knowledge that is worth having and they failed to get a crumb?

Dr. Bush, when and where did you hear that quinine was fine in postpartum hemorrhage? Give us the day and date and we venture to say that all your "sage brush experience" was well known, common knowledge, before you were born and more when you want information about dark places you instinctively turn to these very writers you are now decrying, and turning to a well thumbed copy of some "standard authority" you get your "exalted experience" at the fountain head.

When we read Dr. Boynton's note in which he objected to the use of quinine in labor, we said that it was misleading and gave as our authority many honorable and woirthy names, not only that but we intimated that we had used it in such cases, "hammered it over our own anvil," made it our own selves, saw it's workings just as you did, Dr. Bush. I am glad that you and I have eyes to see and I am glad that you and I have observed these facts for ourselves. but let us not say that we were the first to discover, and that others could not and did not observe these things before we did. The only difference between Bartholow, Potter and Price, and Shoemaker, Boynton and Bush is in their abilities and opportunities, Bartholow, Potter and Shoemaker being in the lead.

Now then, we think when a doctor finds his judgement and experience at variance with that of older (perhaps)

and wiser (no doubt) physicians, he had better review his diagnosis and discount his judgment.

The "sage brush" doctors are only observers. Men whose names can never die have on occasion put on their glasses and seen some few little things in the great procession of medical events. Who among its "laural crowned" has said: "Redness of one cheek is a phenomenon in connection with pneumonia and is usually on the same side as the disease." I thought I was the original observer, but I found that I was not. Osler had noted it before I was born.

Again in typhoid "the skin of the palms of the hands may become very dry and yellow," a "sage brush doctor" or two wrote this fact for the Medical World, as being a pathognomonic sign in this disease which they had the honor to discover. We know that Osler spoke of it as a recognized occurrence many days before this socalled discovery, and this is the way with a good deal of this "sage brush" business.

To place the whole matter on the proper basis, we want to say that every doctor reads the standards, makes them his own, goes out into the world and puts them into practice, using their treatment; by and by he widens out and discovers some things for himself and finally forgets where he got his start and thinks everything he knows he learned from "experience." Now back to first principles gentlemen. Now if I were sued for malpractice I would fear to rest my case on such authority as the socalled "sage brush" doctors, but if I could produce such names in my behalf as have been mentioned as "standards," I should have but little fears. After all, the standard works are only the recorded experiences of working physicians.

M. G. Price, A. B., M. D.
Mosheim, Tenn.

A FEW PRACTICAL SUGGESTIONS.

In the treatment of epilepsy, there is one point on which I am accustomed to insist and to place emphasis, and to which I desire to call particular attention as being of the greatest practical importance. In nine cases out of every ten,—and inferentially in the tenth case,—the epileptic himself, or his friends, or both, express fear or dread of the mental faculties becoming impaired. Now it is an item in the prognosis which is of prime value, as we all know; but, instead of humoring it, I make it my initial act to disabuse the parties concerned of that one idea. It makes no difference to the patient as to the calibre of my own mental reservations in the matter, and in the most deliberate manner possible I commence treatment by showing that, while the issue may be all that he fears, the sober fact is that the fact of epilepsy is prima facie evidence of mental acumen and brilliancy. I do not give him opportunity to tell me that so-and-so of his acquaintence, now aberrant in mind, was epileptic. Instead, I take down Canon Liddon's treatise, and there read that which he maintains as to the probability of St Paul having been an epileptic. Then, one after another, and with the popular biographies at my hand, I show that Julius Caesar, Napoleon, Mahommed, Petrarch, and Lord Byron were epileptic. There are others, but these six may be mentioned with anything else militating against the argument. All are well-known in history, and I do not have to submit proofs of their ultimate fame. The pathological truth is apparent to me. There is no deception about it. I believe, as Schroeder van der Kolk has pointed out, that exaggeration of reflex motor excitability, with loss of the controlling power over the spinal axis, and the blood vessels of the central lobes is constitutive of the morbid

condition; and it is unnecessary to prove that to the closely-allied exaggeration the development of intellectual ability is to be credited. So I say to the patient that it is or may be manifest that the epilepsy is indicative of high-class intellect, that the worthies whom I mentioned are in proof of this, and that the rational thing to do is to check the disease right there, and postulate upon its cure a faith that the abnormal exercise has but to become normal, to insure health, and to open up the possibilites of intellectual greatness.

Of all that has been said of "psychological influence" this is paramount. If I can pesuade that epilepsy is indicative of possible or probable mental development, the encouragement, and at the same time the persuasion against mental impairment, leave clear field for propriety of treatment. If I can make the patient believe me, that faith contributes more to a favorable prognosis than any other that can be imagined. I am not joking when I say that I am glad to hear the mother of the Jennie who "has fits" repeat that which I told her of Bonaparte, Caesar and Petrarch. All that I have to do is to seize the opportunity for treatment. In inaugurating this, it may be necessary,—and, indeed it is salutary,—to cite some of my successful cases. I find that it is quite the common thing for those that have been cured to make their mark in the world, in one way or another; and while they object to discussing the matter, they rarely refuse corroboration.

"Getting better," or "got well," and "the doctor says just because I had fits, and am cured, my chances of being something in the world are ever so much better!" That is the testimony that does me good.

Following in Schroeder von der Kolk's direction-lines, and adapting that which is newest and best in treatment (Delasiauve, Trusseau, Echeveria, Weidner, et al,) I check the abnormal course, and encourage the normal. There is more in this one item of medical science, my dear doctor, than in any other of our day. This is the kind that leads to the establishment of "schools" or "systems" of treatment; and, actually, I sometimes find myself talking of "my method," or "my system."

But why not? That epilepsy is in evidence of the chances for mental capacity. The pathology is indicative. Am I not justified in encouraging my patient, and then in directing the anatomy and pathology of the disease so that not alone is it radically cured, but, at the same time, and by the most natural sequence in the world, the mental faculties are capitalized? Believe me, I know no higher pride than I find when I note the intellectual career of the boy or girl, who "used to have fits." It may be at the college commencement, in business relations, or by reputation,—but to meet those patients, cured, and noted for their advancing intellect, is my greatest pleasure. When, in the course of human events, I boast, it is—then.

Dr. W. Towns.

Fond du Lac, Wisconsin.

SPOILING TYPHOID FEVER.

Like Dr. Etter in April Recorder, I have often felt that I was cheating myself out of my share of typhoid fevers. Of course it was a costly deprivation. When a doctor goes to extremes in the use of calomel, sulphocarbolates and salines the typhoid cases steer clear of him. There is not much to tell except that you go to a patient that has a dirty mouth, some fever, insufficient defecation and of course a full colon, the contents of which are fermenting in great shape. Now to empty out that colon is no trick at all. Ten grains of calomel and one drachm of sodium

phosphate hourly, with an enema, will do it and the patient may think you are doing him. Now, when you have him pretty empty, give him a teaspoonful of sulphocarbolate of soda in saturated solution (a little nitric acid will improve taste) and a grain tablet of zinc sulphocarbolate hourly and any microbes inhabiting his intestines will have a hard time of it. Now our patient may require a little bracing up with strychnine and quinine and a diet of raw eggs and milk for a time, but you won't make much out of him on the typhoid fever proposition. Now perhaps you can't swear by all the eternal that he would have had typhoid if you hadn't dropped in just as you did, but it is just as well to take credit to yourself like this: "Say, Jones, you were in for typhoid. I made two calls and now you are O. K. Calls in town are $2.00 and drugs in your case come to $3.00. Total, $7.00. If I had not given you a disinfected clean-out you'd had to pay $60.00 instead of $7.00, but I can not charge you more than $7.00. Now, Jones, don't forget that."

This is an important subject. It is a great pity that I lack the brains to make a four page article out of it, but the reader must be content. I would make my article longer if I could. He should be thankful that the whole thing was not boiled down into a ten line item. There are lots of men that could write a book on this theme. That makes me feel my insignificance.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

MEDICAL UNION.

I notice an article in your April issue on Medical Union which I heartily endorse and would be truly glad to see done. But it never can be as long as the different medical colleges are as they are now. For instance, in the state of Missouri some four years ago the different schools set a standard for graduation, four years, but a college in Kansas City saw a chance to secure some of the students from different colleges, and did so by giving them a diploma upon a three year course. The state board of health let them do so and granted them licenses, while other colleges held them to a four year course. Now, why not let the state boards live up to the law or go away back and sit down.

I remember living in a city where there were twenty-seven M. D.'s from different schools, and there were so many dead beats that when they went the rounds of all the doctors it took about twenty-seven years. Well, of course new men came in and so the M. D.'s got together and formed a medical union. We all turned in securing names and the secretary would copy them in twenty-seven books, one for each doctor. When a patient would come in we did not know we would look at our books and if his name appeared there we would say: "Your medicine is so much cash, or no medicine or visit." Well, there were some three or four doctors would tell that doctor so and so has put you on the dead beat list, and he has promised not to doctor yourself or family until you paid up, and therefore I will do your work and you can pay as you get it. So you see they would get mad and curse the old family doctor and get others to turn him off. So you see there's too much strife amomg doctors. I have in mind a doctor who has been in practice for years, never attended college a day, and he uses patent medicines and anything he gets out of papers and has a good practice, and he still curses a brother doctor who is a graduate, has a good diploma and is hardly able to live.

And still there are a set of M. D.'s who cut prices so a man who has spent his time and money in college and is just

starting up can not live on the prices and get back any of his college expenses. Now, what we need, is a standard among colleges with an iron clad oath behind it and require a certain standard from a student. We also need uniform prices in each county and make the M. D.'s all take an oath not to cut prices; and also need a list of dead beats in each county, corrected every three or four months and furnished by each M. D. to the secretary and have him place same on each M. D.'s book and sent to him. We need state boards of registration who will punish these traveling fakers; also the medical societies in each state should see that the medical ads. in the papers be cut out, at least some of them; also see if we cannot get druggists to quit prescribing for the sick. We also need a uniform medical law. Now, brother M. D.'s, I believe we ourselves are the direct cause for all our trouble and poor food. We should stand shoulder to shoulder and fight for our rights, not alone in medical laws but in our societies stick up for what is just and right, quit cursing our medical brothers and be men among men.

I would like to see the opinion of others in these columns in regard to the above. A BROTHER M. D.

Ohio.

UTERINE HEMORRHAGE.

As Dr. Giltner has excited my curiosity in his case of menstruation or haemorrhage ten years after cessation of menopause, reported in May number of the Recorder, and wishes to know if there was ever a similar case. I will report the following case that knocked two other physicians and myself clear out of the ring.

The patient was a lady, aged 62, previous health very good, passed the menopause at 52. I was called to attend her in a case of haemorrhage from the uterus and obtained the following history: Patient fell a distance of about two feet off a gallery on her "stomach," as she said, six months previous to my first visit. She experienced severe pains in region of the uterus after the fall for two or three days. She began to have haemorrhage at once and it continued up to my first visit which was, as I have said, about six months after the accident, profuse at times, just enough to stain the linen at others. She never experienced any pain scarcely after the first two or three days till about a week after I was called when she began to suffer considerable pain. Patient was up and doing chores around the house the whole six months. I began treatment with the usual agents and medicines that we use to check haemorrhage but to no effect. Then I made an examination with speculum and found uterus considerably enlarged and tender with two small nodules on external os and a kind of bloody serum mixed with pus, discharge slightly offensive. I decided to curette and I got away with curette and douche together a teacupful of debris, strings of mucous membrane, &c. I repeated douches every third day for about a week and not seeing decided improvement we had consultation and did another curettement. Continued same treatment and on the third day after the last curettement she passed something about the size of a good sized hen's egg that resembled a piece of placenta more than anything else that I have ever seen and after two or three days I took away with placenta forceps another piece similar to the first. Cavity seemed to be clean now and I continued the internal medicines and uterine douches as I had been giving them, till she was seemingly cured, about two months from my first visit. She continued doing well every way for two or three months when she began to fail again and have the haemorrhages; gradually grew

worse and suddenly dropped off after a second illness of five or six months.

Cancer was hinted at during her first illness and was confirmed I think during her last. Now the question is what is the diagnosis and what were those pieces of substance resembling placenta and why didn't we discover them when we used the sound?

It seems that some of the members have got up a long and interesting discussion on the administration of quinine during and after labor. I was taught by my preceptor to use it internally and externally in labor cases and I haven't yet had a severe haemorrhage after labor and I believe I get through quicker and get a better contraction after labor and after the placenta has been delivered than I do when quinine is not given. I never gave ergot but once before labor, had what they call hour glass contraction. Don't think I shall give any more before labor but intend to give quinine when I think it is indicated. DR. SAGE BRUSH.

Texas.

HELP WANTED.

I have a patient I would like to receive some help for through the Recorder. A man 32 years of age had syphilis when 18 years of age; has led a very dissipated life. He smokes and chews tobacco excessively. He had gonorrhoea in the summer of 1895 also had another attack of gonorrhoea in May 1899. He has had sexual intercourse too frequently for the past six years; cannot control his passion, when he goes to have intercourse gets through too quickly. He has running from meatus, resembling white of egg. When he now has intercourse or tries it hurts him in posterior urethra and rectum. He has a continual dull pain over right kidney, and suffers some with rheumatism, which I suppose is gonorrheal. He is a married man, has been married about 3 years; has no children; wants to know whether he is steri e or not and will he ever regain his sexual propensities. Please publish this in Recorder with treatment and answers to questions.

J. H. S.

Arkansas.

HOW GRANDMOTHER BEAT THE DOCTORS.

Soon after my location at Sailor Springs in the autumn of 1888, I became over-estimated as I thought from the fact that I was honored with the patronage of the very best families. After becoming installed as the family physician, I was frequently asked for advice, and was appealed to on all quesions pertaining to the health of the children. In small country towns, doctors are never expected to charge anything for advice; no difference how much of his time it consumes. None think a written prescription should be paid for, and a few good people suppose that their own family doctor ought not to charge them anything for pulling teeth, lancing abscesses or even for vaccinating any members of the family. Nevertheless many of those misled individuals pay large bills cheerfully, and make up in extra gifts of early fruits and vegetables sent as free-will offerings to the doctor to make a balance sheet for his advice and other good turns and condescensions. Therefore the country doctor is everything to everybody. The most useful while living, and an irreparable loss when removed by death.

To illustrate my narrative: About ten years ago, almost the best old lady living, and who is by the way the grandmother of a small army of children living in and around our village, called at my office for advice. She said "Doctor I want to tell you how my little grandchild suffers, and then ask you if you think you can do any-

thing for it. Dr. J. and Dr. B. both treated it for a year together, and I can't see that they did any good. They said it had falling of the bowels." Then she began to describe the case and the trouble they had in replacing the prolapsed bowel, when I gently checked her she said "Then if you know all about it, can you cure it?" "I can do better than that grandmother; if you do as I tell you, the child will not have many more attacks of falling of the bowels. Please give me your attention, don't lose a word. Get some clean mutton tallow, or goat tallow, cut out and whittle a piece the shape of a large capsule half as long as your little finger and as big around as the finger, rounded ends. Next take a piece of linen the size of the palm of your hand. Now rub this piece of linen with the tallow, first on one side and then the other until the meshes are so filled that you can scarcely see the threads. Lay away the tallow plug and the tallowed rag, covered from particles of dust, etc. When the child's bowel comes down place it on its knees with its breast on the carpet, bed or pallet, so that the breast will be as low as the knees, if necessary have some one hold their hand on its shoulders with a little pressure. Place your thumb in the center of the tallowed rag, or let the center of the palmar face or ball of the thumb meet the center of the tallowed rag. Draw the end and corners and sides of the rag back over the thumb nail and the back part of the thumb. Now let nothing touch the gut but the rag which covers the face of the tuumb. With the rag covered thumb make gentle pressure against the protruding part and it will crawl back like a live thing. When it has all gone back shove the round ended tallow plug into the bowel as far as it is convenient, i. e. let the lower end of the tallow be between an inch and a half out of sight, or far enough that the grip muscle, grandmother, will grip below it and hold it there. But if possible let the little fellow lay on his side or back and take a nap just after your little operation. You'd better make another suppository and prepare another clean tallowed linen after each time you replace the bowel. Never use a tallowed cloth but the one time."

It was more than a week before I met Grandmother S., as soon as she saw me she raised both hands with which to beat the air in the most emphatic manner and said "Well dear knows, doctor, if it don't beat the world. I fixed that tallow and cloth as you said, and did everything precisely right with the child's mother to help me, and would you believe it's been over a week and we've never had to use the second one, I do believe the child is sound and well, don't it beat the world?" "No Grandmother it only beats Doctor J. and Doctor B., you doctor by the science of common sense, and Doctor J. and Doctor B. doctored by the science of uncommon sense."

The trouble with very many of our scientific medical men is that they are a little too scientific. Some say I tell the people too much. The word "doctor" means "teacher" and I don't think that I have ever lost anything by telling the proper persons of domestic remedies which are within their reach.

Dr. R. F. Vaughan.

Sailor Springs, Ill.

A certain amount of free advice is all right but it is well for a doctor to consider the time, money and energy required to be able to give that advice and charge accordingly. Doctors, as a class, are not well paid. If the amount of brains and push used in a physician's practice were used in mercantile channels the doctor would be worth much more financially. A doctor need not overcharge but he should be paid for his advice and work.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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MEDICAL SECTS.

One of the pleasing signs of the times is the close relationship becoming manifest between the different schools of practice. Doubtless there will always be different systems of therapeutics and medical sects, but all schools now recognize the good in the other systems and the old animosity and antagonism is rapidly passing away. The fundamentals of all schools are, anatomy, physiology, chemistry, bacteriology, hygiene, obstetrics and surgery, and these are the same today in all schools. Joint meetings of practitioners of all schools are becoming common occurrences. Recently a physicians' club was organized at Dayton, Ohio, composed of practitioners of all schools. Dr. Chas. A. L. Reed, ex-president of the American Medical Association, delivered an address on "The Coming Unification of the Medical Profession," in which he urged the necessity of "abandonment to the spirit of truth" and the close relationship of the different schools. This change in professional sentiment has become very apparent in the last five years. When, nearly five years ago, the Recorder was established with "For the Whole Profession" on its cover some of the medical journals remarked that that was a very curious idea; but today it is not so curious but is a prevailing sentiment. The Recorder has always had contributors from all the schools of practice and we know that hundreds of subscribers who have read the Recorder from the beginning have appreciated, enjoyed and profited by this broad method. Thousands of physicians today are looking for truth and practical suggestions irrespective of source.

NEW TEST OF DEATH.

To the numerous more or less reliable signs of death a new one has been added by a French scientist. It consists in the injection into the body of flourescin, a powerful coloring material, in the proportion of one grain to 45,000 liters of water. In a dead body it produces no changes while on the living it has startling effects. In two minutes it sets up in skin and mucous membranes a discoloration like that of acute jaundice together with extreme contraction of the pupils. A drop of blood in a glass of water colors it a greenish hue. The effect passes off in a couple of hours and no harm results.

Undoubted evidence is sometimes found of people being buried alive. The use of this new test would make this impossible. If this test fulfills the claims made for it, it will be a very useful discovery. A test as accurate and easy of application is what physicians have long been looking for.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE INTERNATIONAL TEXT-BOOK OF SURGERY.—By American and British authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Court of Examiners of the Royal College of Surgeons, England. Volume I, General and Operative Surgery, with 458 illustrations in the text, and nine full-page plates in colors. Philadelphia and London. W. B. Saunders & Co. 1900. Price per vol. cloth, $5.00 net, shp. $6.00 net.

Practitioners who are using old works on surgery for clinical guides are not doing themselves or their patients justice. The many advances in surgery during the last few years make it imperative for the surgeon to use up-to-date books for reference. This book has carefully omitted antiquated methods which are described in some books for the purpose of filling the space. Modern surgical pathology, symptom atology and diagnosis are clearly and concisely presented with such detailed account of treatment as to form a reliable guide of modern treatment. The chapter on Surgical Bacteriology gives a good summary of this important subject on which all practitioners should be well informed. Every practitioner should read the articles on surgical pathology of the blood, surgical tuberculosis, injuries of the joints, surgery of the spine and cranial surgery. The chapter on anesthesia covers this important subject thoroughly and will be found very useful. The article on plastic surgery is something that is not found in the older works and which a knowledge of is sometimes very necessary.

The field of modern surgery has become so very large that it is impossible for one man to write authoritatively on the vast range of subjects in a modern treatise on surgery. The different chapters in this work have been written by men of wide experience and established reputation in the various departments of surgery. The contributors are such men as Drs. E. H. Bradford, H. L. Burrell, R. C. Cabot, I. H. Cameron, W. Watson Cheyne, J. C. DaCosta, Geo. R. Fowler, Chas. McBurney, L. S. Pilcher, J. Bland Sutton, Weller Van Hook, W. G. Spencer, H. L. Ernst.

The illustrations are unusually good and many of those scattered through the text are in colors, which makes them much more valuable. The colored plates are worthy of special mention for excellence. We can recommend this volume as a modern treatise on surgery which every practitioner of surgery will find much use for in practice.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, under the general editorial charge of Gustavus P. Head, M. D., Vol. V.: Obstetrics. Edited by Reubin Peterson A. B., M. D., and Henry F. Lewis, A. B., M. D. Pages 233, Cloth, $1.25, Chicago: The Year Book Publishers, 40 Dearborn St.

This volume presents the digested views of many writers on obstetrics. The editors have selected, not necessarily the articles written by the best known men, but those which, in their opinion, best exemplify the thought of the period. The editros have not presented their own views on

the subjects presented, believing that such a volume should be devoted to digests of the past years literature. The book contains much which will help the obstetrician in his work. This series of books is receiving the substantial approval of the profession. This volume is printed on good paper and the press work is much better than in the preceding volumes. A number of illustrations add to the value of the book.

SYPHILIS—A SYMPOSIUM. Special contributions by Drs. T. Duncan Bulkley, Follen Cabot, Louis A. Duhring, Prof. Fournier, Eugene Fuller, E. B. Gleason, William S. Gottheil, Robert H. Greene, Norman B. Gwyn, Orville Horwitz, Edward L. Keyes, G. Frank Lydston, D. J. McCarthy, Thomas G. Morton, Boardman Reid, A. Robin, J. D. Thomas, Extra cloth, 125 pages, $1.00, E. B. Treat & Co., 241-243 W. 23d St., New. York.

Syphilis, though nothing like as fatal as tuberculosis is nearly as widespread, and a vast amount of misery and ill health result from it. Syphilis is not an exclusively venereal disease with victims among the dissolute only, but is frequently conveyed to the innocent Books, such as this, giving practical suggestions on the treatment of this scourge, are very helpful. The writers of this symposium, who are pre-eminently qualified to pass judgment on the subject agree that syphilis is a curable disease with certain rather infrequent exceptions.

The book discusses the etiology and diagnosis of the disease and presents its management and treatment. Chapters are devoted to syphilis of the bronchi, lungs, pleura, of the nervous system and of the nose and throat. The latest and best ideas of treatment are given. The book is clearly printed on good paper and well bound.

BOOK NOTES.

The Surgical Clinic edited by Drs. Abbott & Waugh is meeting with great success. It is a journal devoted to practical surgery. If you have not seen a copy of this new and good magazine we advise you to send for a copy to the Clinic Publishing Company, Ravenswood Station, Chicago.

The Household is rapidly gaining the position of the leading ladies' magazine of the day. The May number gives special attention to Memorial Day. The fiction and articles are of unusual interest, while the numerous departments are very practical. The Household has just moved into more commodious and elegant quarters at 5-7-9 Union Square, New York.

A New Method of Delivery by the Obstetrical Tractor is the title of a monograph by Dr. E. D. St.-Cyr, Chicago. It describes a new method of delivery by a new instrument which the author says, has more than all the advantages of the strongest forceps, and none of their objectionable features. We think all our readers will find this little book of unusual interest. It is well illustrated with six full page plates. The book is the president's annual address delivered before the West Chicago Medical Society.

As full as usual of timely articles on men and affairs, McClure's for June will perhaps be chiefly welcomed for the first installment of Booth Tarkington's new serial, "The Two Vanrevels." Half a dozen other features of the number deserve high mention among magazine articles of the month. Miss Stone continues her splendid narrative which grows more enthralling. John La Farge furnishes the fourth of his "great artists" series in a magnificent paper on Rubins, magnificently illustrated. Brooks Adams contributes an estimate of John Hay,

which analyzes Hay's share in shaping the history of this country during and since the war with Spain. Ida M. Tarbell's essay on Louis Pasteur and his life work portrays the wonderful personality of the man with simple concretness and delightful sympathy. For thrilling narrative of fact it would be hard to beat Harold Spender's "End of a Great Mountain Climber,"

Everybody's Magazine for June begins with a character sketch of Edward VII. This an entertaining account of His Majesty's personality, mode of life, peculiarities and virtues, by Chalmers Roberts, illustrated with innumerable photographs of the King, the Queen, and their palaces. Most Americans will read with interest the curious article, "Did Columbus Discover America?" based on the investigations of Henry Vignaud, which exposes Columbus's claim as the original discover of America. In "Should Christians Buy the Holy Land?" Arthur S. Green advocates a new crusade on Christian principles for the acquirement of Palestine. An interesting contribution is "Plant Making in a Dutch Garden," by E. P. Lyle, Jr. A simple and intelligent explanation of J. E. Haschke's method of cutting steel with an electric current is given in "Science and Burglary," by C. H. Dennis, and Adele Marie Shaw contributes a virile character sketch of William Phips, who figures as "The First Self-made American."

In the June Success is a charming bit of nature-study, "The Adventures of Reynalda,"—a fox story, by Martha McCulloch-Williams. Walter Camp, the well-known authority on athletics, contributes a valuable and interesting article on college games, and Dr. Louisa Smith, the director of physical culture at Bryn Mawr College tells of the importance of this branch of work in women's universities. Mrs. Rebecca Harding Davis commences a startling serial story entitled "A Boy's Fight," which promises to be one of the most spirited narratives of the day. Edwin Markham, taking the coronation of King Edward for his basic motive, contributes a remarkable poem entitled, "The Coronation of Character," in which he shows that men and women can have for themselves a more powerful crown than that of a king or a queen. Richard Le Gallienne gives some advice in a timely article, "What an Unread Man Should Read." There are many other features that are of wide and varied interest, and a goodly quota of that highly inspiring literature that characterizes "Success."

In the June Lippincott the complete novel is "A Real Daughter of the Revolution," a spirited love-story by Caroline Gebhardt, a personality new in fiction, possessing fresh charm and ready wit. Her work stands easily beside the best of recent Revolutionary tales. In addition to the novel there are a half dozen up-to-the-standard short-stories such as Lippincott's Magazine has won a reputation for. Mr. Charles Morris presents a paper on "The New Atmosphere" which tells in readable language all about this up-to-date subject. An article called "Tips and Commissions," by John Gilmer Speed, contains some valuable hints about fees both in this country and abroad. Since Stevenson's life and death in Samoa a new interest attaches to the place; and the delightful paper by Mrs. Llewella Pierce Churchill, entitled "At the Trader's Station in Samoa," with its strain of humor, makes a wide appeal. The verse of the month is by Richard Burton, Laura Bell, Marion Hill, Clarence Urmy, Gertrude E. Heath, George James, William Hurd Hillyer, Helen M. Richardson, and Fullerton L. Waldo. The "Walnuts and Wine" department still waves its flag at the top of the hill of Humor.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Cholelithiasis—In the Medical Record Dr. H. Lilienthal discusses causes of biliary calculi, stating that the formation of the gall-stones may to a certain extent be prevented by exercise and the promotion of regularity of intestinal action. Medical means may do much toward keeping the disease latent and averting attacks of colic. As soon, however, as severe or frequent attacks occur, or, whenever complications arise, the case becomes one for the surgeon.

Pernicious Anemia—This disease, which so often baffles the skill of the physician, is always of special interest to all practitioners. Dr. A. R. Williamson, of Philadelphia, in the Medical Times gives the latest ideas on the diagnosis and treatment of the disease. He recommends arsenic as the leading remedy in treatment, using iron after the primary improvement has been produced by arsenic in the form of Fowler's solution. The diet should be nutritions and easily digested. Regarding the diagnosis Dr. Williams says: In taking up the diagnosis of pernicious anemia it is undoubtedly true that the latest view of this disease is the correct one. That is that it is a form of intense oligo-cythemia which has a tendency towards progressive deterioration accompanied by certain definite symptoms which exist despite the ability of the pathologist to find any definite cause, therefore the diagnosis must depend upon the character of the blood and the general symptoms of the case and not at all upon the possibility of determining any etiological cause. It is true that there is no one symptom in pernicious anemia on which a diagnosis can be made, but there are a number of striking features to be seen on examination of the blood. In the first place, there is great irregularity in the shape of the red corpuscles, to which the pathologists in their love for long terms have given the name of poikilocytosis. This is commonly considered characteristic of pernicious anemia, but there is also the existence of microcytes and macrocytes and also the small red cells with bright coloring and high refraction which have been called to the attention of the profession by Eikorst. It has been claimed that the mobile character of the red corpuscles is pathogomonic of this condition, but it has been demonstrated recently in other diseases. The most characteristic condition, however, is possibly the relative excess of hemoglobin. The blood, in pernicious anemia, shows a great reduction in the number of red corpuscles without equal diminution in hemoglobin so that the individual corpuscles remain rich in coloring matter although, of course, there is considerable decrease in hemoglobin. This fact has been noted by many different observers, among them Brackenridge, Demme and others. In the genuine pernicious anemia the reduction in red cells is usually below 1,500,000 and has been reported as low as 800,000, which is about 16 per cent. Stengle has examined 100 consecutive cases of gastro-intestinal, cardiac, nervous, pulmonary and intestinal disease in which there existed a certain amount of pallor, and he has found that in no case did the series of red cells run below 2,300,000 or 46 per cent., and in none was there any relative excess in the hemoglobin. In a marked case of

gastric cancer in which the anemia looked as marked as in a bad case of pernicious anemia there was 57 per cent. of red corpuscles. Again, and finally, Ehrlich has laid great stress upon the significance of large red corpuscles containing nuclei, for which he has proposed the name megaloblast, but it is believed now that these corpuscles are not necessarily present in pernicious anemia and have been observed in other diseases outside of this condition, such as purpura. It is, of course, necessary to distinguish this condition from anemia following gastric cancer and from chlorosis.

Mercury Cyanide in Surgery—Those of our subscribers who have been reading the Recorder for several years know from his contributions to the Recorder that Dr. Ralph St. J. Perry, of Farmington, Minn., is a man of original and practical ideas. We know that several thousand doctors would be glad to have Dr. Perry furnish the Recorder original articles much oftener. Dr. Perry has favored us with a copy of a paper which he has prepared for the Minneapolis Homeopathic Magazine on the use of mercury cyanide as an antiseptic in surgery in the place of mercury bichloride. Dr. Perry uses mercury cyanide as an antiseptic and prepares his solutions from tablets which must be kept in amber bottles securely corked, to exclude light and moisture which is very important for their preservation. We present Dr. Perry's reasons for preferring the cyanide:

Ever since the advent of antiseptic surgery there has been a longing for some drug which could be used for sterilizing instruments, which would not corrode them, which could be quickly put in use, which could be used any place and under any conditions, which was inexpensive, which was readily portable and which would not injure the hands of the surgeon or nurse. After experimenting several months with an old time antiseptic I think I have solved the problem of doing away with the objection which led to its being discarded, and my aggressive modesty leads me to say that mercury cyanide meets all of the above requirements, when prepared, cared for and used as I am about to suggest.

Those of my friends who were mixing up with affairs surgical some twenty years ago, can conjure up visions of instruments ruined by corrosive sublimate solutions; many an old time favorite catlin or bistourie has had the edge so "chewed up" by the mercuric bichloride as to render it hors de antisepsis along with the bacteria, much to the grief of its proprietor in whose affection it had won a warm spot through long and faithful service.

So, too, my friends can remember stiff and crackly fingers from carbolic acid solutions, and blackened finger nails and sore knuckles from bichloride baths and scrubbings. Much language, stronger than the antiseptic solutions, has been given vent to because of the inroads these substances made upon instruments, hands and purses. For the past six months such things have been strangers to my armamentarium—even the "cuss words."

Mercury cyanide, alias cyanuret of mercury, bicyanide of mercury, Prussian mercury, and chemically compounded thusly, Hg. (C. N) 2, occurs in colorless, transparent prisms, it has a bitter metallic taste and is freely soluble in water and alcohol. Therapeutically it is classified as an alterative, an antiseptic and a tonic. It has been used in throat troubles and syphilis. When exposed to light it degenerates and takes on a brownish color.

Mercury cyanide is readily soluble in those menstruums most likely to be

used in surgical practice. In cold water it dissolves in the proportion of 1 to 12.8, while it only requires 3 parts of hot water. Of alcohol 15 parts of cold and 6 parts of hot are required. This compares very favorably with the corrosive sublimate which requires 16 parts of cold water, 2 parts of hot water, 3 parts of cold alcohol and 1.2 parts of hot alcohol. As 99.99 per cent. of all surgical solutions are made with hot water I believe the solubility of the mercuric cyanide fully sufficient to meet all demands.

Mercury cyanide does not corrode instruments, be they solid silver, nickel plated,, or highly polished steel; the keenest edge of the most delicate knife is not affected. Instead of dulling the surface of the most polished instruments, it really tends to keep them in polish by removing the sulphides, oxides and other ides which form from the action of atmospheric gases. Years ago, when I was a drug clerk, I used to sell potassium cyanide to jewelers and silversmiths who used the solution to remove the tarnish from their wares,—merely dipping a weak dilution seemed to suffice. I have found tarnished specula (or speculums) and other instruments to improve wonderfully after a few washings in the mercuric cyanide solutions. The absolute absence of corrosive action of this drug I have demonstrated by keeping various instruments,—steel, silver and nickelplated, in a jar of 1-1000 solution for weeks at a time. You can demonstrate it to your own satisfaction by a twenty-four hours test.

Mercury cyanide does not stain the finger nails, inflame the skin or cause any stiffness or crackly feeling of the fingers or hands. This has been the experience of myself and those of my friends who have used the solution

Mercury cyanide does not coagulate the albumen in blood, mucous or purulent discharges as does the mercuric bichloride: In washing wounds, cavities or sinuses the solution remains transparent or translucent, there is none of that grayish, blackish or prune colored coagulum or precipitate, which is seen when the bichloride solutions are used. This turbidity is advantageous where small instruments are used in the same pan with the cleansing solution, or even when used in a separate pan. Many needles, probes and other small tools have been overlooked in the murky depths of a pan containing a curdled mixture of blood and bichloride solution and have been thrown away with the waste. Aside from the pratical points mentioned, the aesthetic appearance is improved and the psychic effect uyon bystanders is much better.

Mercury cyanide is an effectual antiseptic. Many experiments by many experimenters have demonstrated that in 1-40,000 solutions, it is effective against the milder bacteria and that in a 1-20,000 it is fully capable of rendering harmless the most rabid disease germs known to bacteriology.

Mercury cyanide will not precipitate or decompose when brought in contact with soap. This is a valuable quality, as it permits its use in sterilizing the hands by scrubbing in a saponaceous antiseptic fluid, something which cannot be done with corrosive sublimate, and not satisfactorily with carbolic solutions unless the latter be so strong that they are injurious to the skin.

Mercury cyanide does not necessitate the use of enamelled or porcelain vessels. Being non-corrosive it can be used in tin vessels, a feature which will commend it to the country physicians, and general practitioners who do not carry with them a complete aseptic outfit, and who practice in many houses where tin wash basins are far commoner than papier machie, granite, stoneware or other acid resisting wares. This little feature in the use of this antiseptic is one not to be overlooked.

Mercury cyanide has a history—a past. For years it has been before the surgical public in the form of a mercuric cyanide gauze, but it never become popular because of the higher price than other antiseptic gauzes, because it lost its antiseptic virtues if exposed to the light for any length of time and because mercury cyanide was a drug little understood. Because of these things its use has lapsed.

Mercury cyanide has toxic properties. It is well that this fact be known and understood before the surgeon begins its use. When the mercuric bichloride came into general use as an antiseptic thousands of physicians and surgeons were amazed to find that their patients presented symptoms not down in the catalogue of surgical phenomena. A little study and investigation soon learned them that these untoward manifestations were due to absorption of the bichloride, and that in their therapeutic blindness they had led their patients up to the edge of the grave, via the dysenteric route. Now I do not want any reader who may be pursuaded through this article to use mercury cyanide to ignorantly poison his patients, so allow me to repeat,—mercury cyanide is poisonous. Not only that, but it is one of the suddenest poisons in chemistry's toxic repertoire; in sufficient doses it will precipitate a funeral in less than thirty seconds. But in the hands of a careful, knowing surgeon there need be no more danger than in the use of other toxic antiseptics.

Mercury cyanide exhibits the following toxic phenomena. In lethal doses there is an immediate suspension of all those forms of molecular motion which constitute life, and unless antidotes be close at hand the most competent physician can do little more than act as a witness to the dissolution of life. In acute toxic doses the immediate symptoms are bloody vomiting, frequent and copious stools and severe pains throughout the entire abdomen. In cases of chronic poisoning, or slow poisoning, such as are most apt to follow the long continued use of the drug the most marked symptoms develop in the throat and mouth; there is a slight cough; the lips, tongue and inner cheeks frequently present ulcerations covered with a greyish membrane and the salivary and tonsillar glands become enlarged. This combination has led more than one physician to diagnose cases of slow mercuric cyanide poisoning as diphtheria. [Read the history of the Mollineaux murder trials in New York.] Along with these throat symptoms there appears an injected conjunctiva; severe headache; fixed eyes; cardiac palpitation, frequent, full and hard pulse; difficulty in swallowing; great thirst with a desire to vomit after drinking; more or less salivation, and more or less tenesmus with small bloody stools. There may be suppression of the urine, and the genitals may take on a dark blue color, leading the unsuspecting to suspect gangrene. The danger signals in the use of this drug,—the red lights for which one must look out, are the ulcerations of the buccal, labial and lingual mucous membrane, the enlargement of the tonsils and salivary glands and the salivation.

Mercury cyanide as used by me in my every day surgical practice is prepared as follows:

℞ Merc. cyanide, 480 grains.
Powd. soda boras, 1120 grains.
M. ft. 320 tablets.

This gives a tablet containing 1.5 grains of the antiseptic and 3.5 grains of the adjuvant; and when dissolved in one pint of water gives a 1-5000 solution, which is amply strong for the sterilization of instruments. For a 1-1000 solution add five tablets to one pint of water or else use the larger size tablet containing 7.5 grains of the mercuric cyanide.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

TREATMENT OF FRACTURES.

The ambulatory pneumatic splint which is advertised in our colums is really a very meritorious appliance, being so constructed that it allows the giving af superior care and treatment to cases of fracture of the lower limbs. As an evidence of the deserved popularity of this splint we take pleasure in giving publicity to the following letter, a second order, which is the best testimony for any instrument:

Ambulatory Pneumatic Splint Mfg. Co., 183½-189 Lake St., Chicago, Ills. Gentlemen: I had one of your splints which I purchased last June while I was attending the meeting of the American Medical Association. I I had a call to visit a lady living in St. Charles, Minn., in consultation. The case was one of fracture of the neck of the femur. I took with me the ambulatory splint and it was what was wanted and I sold it to the doctor. He was greatly pleased with it. I now want sent by express (American) a complete outfit with scale (¼) marked upon one of the rods as I had before, as you will remember. I had a compound fracture last evening and I want it sent at the earliest moment. Trusting prompt action, I remain with respect, C. F. WARNER, M. D.,

Mankato, Minn., May, 4, 1902.

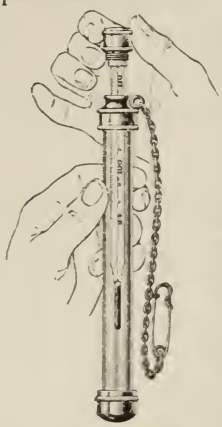
A POWERFUL DIURETIC.

Although the materia medica abounds in drugs having a diuretic action but few of them can be considered pure diuretics, the majority of them producing the effect in an indirect manner. Among the pure diuretics theobromine has been extensively employed in late years in the form of the salicylate. This preparation, however, is not free from irritating effect upon the gastro-intestinal tract owing to the contained salicylic acid, and for this reason Dr. Impens, of Brussels, after considerable experimentation succeeded in producing a double salt of theobromine sodium and acetate of sodium, to which the name agurin has been given. This preparation has been made the subject of extensive clinical studies in the clinics of Professors von Litten, of Berlin, Destree, of Brussels, Buchwald, of Breslau, and von Ziemssen, of Munich. The results of these tests have shown that in the dropsy of cardiac disease, agurin is a prompt and reliable diuretic free from any irritating effects npon the digestive organs or kidneys, while in some cases of ascites due to cirrhosis of the liver and in cases of edema from chronic intestitial nephritis, without marked destruction of the renal epithelium, the drug acted efficiently. The diuretic value of agurin is further confirmed by some conclusions presented by Dr. A. C. Barnes (Medical Record, May 24, 1902) in a discussion before the American Therapeutic Society, according to which the acetates form double salts with theobromine which are soluble and are powerful diuretics, of which agurin is a type.

ASEPTIC THERMOMETER CASE.

Clinical thermometers should always be kept antiseptic in order to prevent the transmission of disease from one

patient to another. The simple device manufactured by the Norwich Pharmaceutical Co., Norwich, N. Y., and pictured here provides a ready means to this end, and does away with much of the trouble attending the sterilization and disinfection of the thermometer by the user. It measures complete about five inches in length, and the diameter is so slightly increased over ordinary holders as to make it scarcely noticeable in the vest pocket. The lower part which holds the antiseptic solution, is a tube made of heavy glass of best quality especially annealed to withstand hard knocks. The bottom of this tube is closed with a metal screw cap, which hermetically seals the end and protects it agalnst breakage, The upper end of this tube is closed by a diaphragm held in position by a metal neck-band to which is attached a safety chain for fastening the case securely to the vest. This diaphragm is so constructed as to admit of inserting the thermometer into the antiseptic solution, where it can be carried without danger of leakage. The thermometer is secured by rubber packing to a metal cap, which screws into the neck band, making the apparatus complete. In using this appliance the glass tube is nearly filled with an antiseptic solution, such as corrosive sublimate, 1-500. This is done by inverting ihe case and unscrewing the bottom cap, when the solution may be introduced without disturbing the thermometer, and the cap may then be replaced. It may then be safely carried in the pocket, since the toughness of the glass insures it against breakage and the diaphragm prevents leakage. To remove the thermometer from the case, it is only necessary to unscrew the cap, as seen in cut. On withdrawal of the thermometer the diaphragm completely closes so that the antiseptic solution cannot run out, even though the case be inverted- The thermometer is returned to the case with equal ease. In its improved form this case is all that could be desired and admirably accomplishes its purpose.



PAPINE.

In papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from the evil effects which I have just named. It is very prompt, in this respect excelling any other opiate, and it never produces nausea. constipation and the usual woes that go hand in hand with the old-time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two, or three hours, until its anodyne action is attained. In giving papine we can bear in mind that a teaspoonful represents the strength of one-eighth of a grain of morphine. Having this fact in mind, the dosage which is appropriate in any case will at once suggest itself.—Ext. from "Remedial Measures Indicated in Affections Attended With Pain" by G. S. Trotter, M. D.

ALETRIS CORDIAL.

By J. M. Caldwell, M. D., Shelbyville, Texas.

I have used aletris cordial in several cases of menorrhagia, dysmenorrhea, etc., and in every case with

good results. I will report one case: Miss Z., aged 19, single, took a cold bath about twelve months prior to my seeing her. Said bath was taken during catamenial flow. Every month afterward she suffered most acute pain over right ovary—this pain was so intense just before the flow commenced that she almost had convulsions. I put her on aletris cordial. She improved from the first bottle she used. She moved to another part of the state. I ordered a bottle sent to her. She afterwards got her druggist to order another bottle of the cordial. I received a letter from her two or three weeks ago, stating that she was entirely cured, and praising the Lord for aletris cordial. When I saw the girl and put her on this cordial she was thinking of having a laparotomy performed. I cannot say too much in favor of aletris cordial in those female troubles.

DYSENTERY AND FLATULENCE.

The griping pain and flatulence which accompany bowel and stomach complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two antikamnia and salol tablets, repeated every two or three hours, that it behooves us to call our readers' attention to the grand efficacy of this well-known remedy in these conditions. The above doses, are of course, those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of menstrual period, we find it preferable to give two antikamnia and codeine tablets, alternately with the antikamnia and salol tablets. The latter tablets promptly arrest excessive fermentation and have a pronounced sedative effect on mucous membranes.

SOCIETY ECHOES.

STATE MEDICAL SOCIETY OF WISCONSIN.

The fifty-sixth annual meeting of this society was held in Milwaukee June 4-5-6. A program of unusual merit was highly appreciated. The anniversary banquet was held at the St. Charles Hotel. The members were so well satisfied with the meeting in Milwaukee, both as regards the attendance and the entertainment, that they decided to hold the next annual convention there.

The reports of the secretary and the treasurer, which were both made at the closing session were satisfactory and were approved without discussion. Contrary to expectation, the report of the committee on reorganization did not provoke a discussion, its consideration being postponed until the next annual meeting.

The following officers were elected: President—Dr. John R. Lyman, of Eau Claire. First Vice President—Dr. L. H. Pelton, of Waupaca. Second Vice President—Dr. F. E. Walbridge, of Milwaukee. Secretary—Dr. Charles S. Sheldon, of Madison. Treasurer—Dr. Sidney S. Hall, of Ripon.

The American Medical Association met at Saratoga Springs, June 10 to 13. The National Eclectic Medical Association met at Milwaukee, June 17 to 19. We shall publish summaries of these meetings next month, as this issue of the Recorder is being printed when these societies are in session so that we are unable to give reports of them this month.

Olive oil should be kept in a cool, dark place.

BRIEF MENTION.

Prostatectomy is the prevailing fad of the surgeon of today. Some very good results are being obtained from this operation, which is being so extensively performed.

Dr. J. W. F. Kerns, Bellaire, Ohio says: In prostatitis, enuresis, catarrh of the bladder and all diseases of genito-urinary system, sanmetto has been indispensable to me.

Dr. E. Schwarz, Tacoma, Wash., writes: Neurilla is a fine calmative remedy and I shall use it more extensively now that I have become better acquainted with its action.

Dr. John W. Turner, Homer, Ill., writes: As a laxative and cleansing agent for the intestinal tract, I consider Abbott's saline laxative superior to anything that I have ever used.

Chloropepsoid will promote normal digestion by encouraging the flow of digestive fluids and by increasing the flow of digestive fluids and by increasing the quantity of the gastric juice.

We have used arsenauro very extensively and have secured most pleasing results. We are always sure to use the genuine and never permit the possibility of an inferior substitute being used.

Dr. D. B. Segar, Erie, Ill., says: "I have used large quantities of Dr. Becker's compound digest in all forms of dyspepsia, and consider it the best preparation of the kind that I have ever prescribed."

Dr. Robert Maguire, the London authority in tuberculosis, has been experimenting with formaldehyde in the treatment of tuberculosis. He uses the remedy hypodermically and believes it to be a cure.

Edison announces that the horse, with the unsanitary stable, will positively disappear from use. He is sure that he will so perfect his storage battery that electric vehicles of all kinds will be practically in universal use.

The danger of the work of making matches promises to be removed by the discovery that matches can be made without phosphorus. The Diamond Match Co. will soon begin the manufacture of these new matches on a large scale.

Dr. Julina Keppel, Austria, reports: During the last two years I have constantly and extensively employed pepto-mangan (Gude) in my practice, and cannot sufficiently praise its curative action in diseases of the nervous system and digestive organs.

Prof. Adolf Kussmaul, the celebrated authority on medicine at Heidelberg, died May 28. His name is well known throughout the world on account of his contributions to medical literature. Three months ago he celebrated his eightieth birthday.

Pyridine is recommended as a specific remedy in asthma. It is one of the last of the chinolin series and gives off its vapor at ordinary temperatures. Place a dram of it in a saucer in a tight room and let the patient inhale the fumes for thirty or more minutes. The remedy is useful in asthma from any cause. Simple asthma may be cured in ten to thirty days.

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LEADING ORIGINAL ARTICLES.

IRREGULARITIES OF THE NASAL PASSAGES AND THEIR RELATIONS TO HAY FEVER.

By F. C. Drenning, M. D., Providence Building, Duluth, Minn.

Since the first description of hay fever written by John Bostock, of London in 1819, it has been a subject much discussed, theorized and renamed, till the average reader is inclined to pass as inert matter, anything appertaining to this malady. But not so with the sufferer. One who has suffered from this distressing ailment is only too eager to grasp at anything that is going to afford him a moment,s relief; and allow the passage of fresh air through his nostrils again, to dry his tears, check his snuffles and terminate his sneezing; and as all advancement is made by investigation and discussion, it is only proper that we devote our time to the most prevalent diseases.

It is not the intention here to rename or theorize this general American disease, but rather to give some practical experience with the hopes of bettering the method of treating these sufferers.

Every individual suffering from hay fever should subject his nasal passages to thorough examination under the reflected light. Invariably there will be found some irregularity of the passage, on one or both sides; a malformed septum or an enlarged turbinate; and the only permanent remedy is to correct the deformity. Many will take exception to this procedure. For who cannot recall the numerous cases that have been cut, sawed or burned with only partial relief or none at all. But the difficulty was undoubtedly due to the fact that the effort to regulate the passage was not thorough, or was not undertaken soon enough, until after the neurosis had been established and established so firmly as to yield only with time and after treatment. Besides it will be contended that there are the cases that yield to medicinal treatment, those that are cured by internal administration of the liquor ambrosia of Curtis, golden rod, antirheumatics, and the local use of adrenalin and formerly of cocaine.

In regard to this last, what can be more pitiable than the cocaine habitue, who has become addicted to its use by trying to get relief from coryza, with the cocaine spray. As to the cure with these remedies, it is in the writer's experience only temporary.

When a permanently obstructed nasal passage is allowed to exist un

molested, there is first set up a weakened condition of the schneiderian membrane, which is described by the laity as one in which the individual "easily takes cold." The passage is easily blockaded on exposure to cold, gas or dust, the blockade increasing in length of time with each successive exposure, till finally during the hay fever season when the air is full of pollen there is a continuous coryza set up, a weakened membrane easily excited and irritated with all the attendant symptoms of hay fever.

To support the statement that nasal irregularities are responsible for hay fever the following cases are submitted.

Case I. H. F., male, robust, age 35 years, suffered from hay fever for 15 years; left home in middle states and sought lake region of North to better physical condition. Examination of nose under reflected light showed cartilagenous septum deflected to right, and ecchondrosis on right side; both lower turbinates slightly enlarged. During July and August suffered constantly from acute coryza, increasing with each exceeding year. When first came North got partial relief in summer months, later none at all.

Diagnosis—Nasal neurosis, caused by malformation of nasal passages and aggravated by pollen from flowers and weeds.

Treatment—Correction of deformity.

July, 1899, under local anaesthesia, removed spur from septum with saw and file, and cauterized both lower turbinates with galvano-cautery. The balance of the season he was treated irregularly with adrenalin solution, with almost complete relief. Following season there was very little coryza and in 1901 there was complete immunity.

Case II—Miss A., aged 15 years, school girl, well developed and well nourished. Presented for examination August, 1901, with self made diagnosis of hay fever. Examination of nose under reflected light revealed both nasal passages completely obstructed with a thick viscid mucus in anterior chambers, and posteriorly with hypertrophied lower turbinates; septum straight and in median line. There were the watery eyes, sneezing and headache of hay fever sufferers.

Diagnosis—Nasal neurosis caused by hypertrophied posterior lower turbinate bodies.

Treatment--Removal of hypertrophies

At different sittings during July the hypertrophies were snared off under local anaesthesia with the galvano-cautery snare, and subsequently treated with adrenalin solution. There was complete relief for the remainder of the season.

Case III—R. D., aged 22 years, athletic individual, presented himself for relief from hay fever from which he said he had suffered the last two or three seasons, besides taking cold easily in the winter. On examination under reflected light the condition of the nasal passages were shown to be very irregular; both lower turbinates were swollen and whitish, and in left passage there was an ecchondrosis one-half inch long by one-eighth inch wide just above the floor of the passage. The principal subjective symptoms were nasal stoppage, constant discharge of sero-mucus, sneezing and some headache.

Diagnosis—Nasal neurosis caused by hypertrophied turbinates and ecchondrosis.

Treatment—Correction of irregularity.

Under local anaesthesia the lower turbinate bodies were cauterized with galvano-cautery and the ecchondrosis removed with the saw and file, which apparently gave complete relief.

Case IV—Is related to show the disadvantage of non-operative interference in the proper place.

D. McL., male aged 30 years. First seen in 1895 complaining of nasal ca-

tarrh. Examination under reflected light showed sub-acute rhinitis and pharyngitis, and an ecchondrosis one inch in length and one-fourth inch in length, in right passage opposite upper border of lower turbinate. The catarrhal trouble yielded to local measures and as the spur on the septum seemed to be at that time unoffending, its presence was explained, but its removal not suggested unless it produced greater offense. The patient was seen from time to time, complaining of colds in the head which yielded to local treatment, till 1901, when a continuous coryza or hay fever developed. The removal of the nasal spur was at once advised but an operation was refused and local measures were adopted and used with variable success during the summer, when, with the advent of cold weather, the coryza disappeared, since which time he has been more subject to "colds" than ever before. Another siege of hay fever is predicted for this individual during the following season unless the nasal spur is removed.

CLAVUS.

By E. N. Ritter, M. D., Williamsport, Pa.

Clavus is a circumscribed hyperplasia of the epidermis, generally about the toes, which is due to intermittent pressure and friction.

Corns may be hard or soft, the latter being situated between the toes, where the parts are kept soft from perspiration. This horny substance grows inward as well as outward, and external pressure produces excruciating pain of the sensitive corium, often resulting in inflammation and suppuration. The general practitioner meets this condition frequently but permits a passing remark or simply ignores the condition as being too trivial. We frequently find patients who have been bedfast for a few months to find their corns have disappeared even without treatment.

The first advice given to cure corns, is to procure well-fitting, comfortable shoes and all undue pressure must be removed or the cure will only be temporary. To soften a hard corn the foot should undergo a prolonged soaking in a warm solution of washing-soda, when the corn can then be removed by scraping with a sharp knife. The tender surface should be covered with a salicylic acid plaster. This same procedure should be repeated for two or three days. Another method which I have frequently used is to soak the foot in hot water twenty minutes or half an hour before retiring and apply over the corn every evening the following:

℞ Salicylic acid, gr. xxx.
Ext. cannabis indica, gr. v.
Glacial acetic acid, gr. v.
Oil turpentine, m. xv.
Cocaine, gr. v.
Collodion, q. s., ʒ iv.

Or this solution, if preferred:

℞ Salicylic acid, gr. xxx.
Ext. cannabis indica, gr. x.
Tinc. iodine, m. x.
Collodion, q. s., ʒ iv.

The latter should be applied morning and evening for five or six days, and then removed with the corn by soaking in hot water.

Strong applications of nitrate of silver will often relieve the pain of either hard or soft corns. Temporary relief from hard corns may be secured by the use of felt rings with a central perforation to admit the callosity. Inflamed corns require moist antiseptic dressing with elevation of the foot.

The soft corn should be treated by bathing the foot in hot water every

night and removal of all dead epithelium with a sharp knife; the denuded surface should be protected by a pad of cotton containing some drying powder, as tannic acid or equal parts of boric acid and oxide of zinc.

If the toes are so distorted by ill-fitting shoes, that they cannot be easily separated, and the corn properly treated, amputation at the tarso-phalangeal joint should be the treatment instituted. More serious operations are sometimes performed for even slighter lesions.

In the aged and infirm, corns should never be cut too closely, as the peripheral circulation is not vigorous and there is danger of erysipelas and gangrene following even in a slight operative treatment.

THE HEALTH OF THE WORLD.

By S. R. McKelvey, M. D., Bedford, Indiana.

(Read before Lawrence County Medical Society, Bradford, Indiana, May 1, 1902.)

The first and also my only subject presented to this society was "Laceration of the Cervix Uteri, its Sequalae and Treatment." Today I desire to call your attention for a little while to some ideas, a part of which may be said to be original with the writer. My subject will be somewhat hygienic in character and will include some medico-legal points and proposed and existing county, state, national and international law. If I must give a name to my paper, I know of nothing that will better cover the scope of this article than to say my theme is "The Health of the World," rather a large subject as you know for a small man, but sometimes ideas emanating from the frontier or byways of the rural districts, grow until they become the leading subjects of thought and action by the greatest kings, emperors, presidents, statesmen and scientists of the world.

There is no class of individuals of whom more is expected than of physicians, and neither is there any class as a whole capable of doing more for humanity than broad and liberal minded doctors. Every physician of experience and common sense, has his special friends who have placed their utmost confidence in their family physician. The physician is not only counseled upon medical science by his medical friends and patrons, but he is counseled upon subjects relative to morals, philosophy, science, education, affairs of state, national and international, affairs of municipalities, domestic life, economics, legislative needs, public improvements, care of the orphans, the insane, the poor and oppressed, the unfortunate in life, the culprit in the prison cell, in short the welfare of human life. Although the physician is counseled and he imparts his valuable knowledge to the world so freely and gratuitously, he is often maliciously misquoted, abused, and indeed often does not receive any credit by the people for his noble deeds and acts of charity and his chief consolation is knowledge of the fact that a crown awaits the triumphant ones when the voyage of life has ended.

The principal point to be made in this paper is to suggest a more systematic way by which the same amount of laber now done by physicians and health authorities may result in accomplishing more good than at present, a hundred fold. I am aware that before I am through reading this paper some will think I am radical and have gone to the extreme, but is it not a fact that the activity of the extremist is essential to bring the masses to the point of mediocrity. Furthermore, how could mediocrity exist if we did not have two extremes? Also, is it not a fact that in some instances the doctrine of the extremist a hundred

years ago is now the doctrine of the mediocre? I sometimes think that we have the cart before the horse as it were.

If we take physicians as an organization of the world, of the nation, of the state or of the county, it is without a head so far as having any officer authorized by statute to establish and maintain effectively a universal, just and systematic plan by which we can all work in unison to accomplish the most good. The health authority of our county may be very efficient, spend much time and money to eradicate every shadow of disease within its jurisdiction, only to learn in a few months that the same labor and expense must be met again on account of the negligence, carelessness or indifference of the health authority in an adjoining county which has permitted contagious disease to again cross our borders. How long can our own state be kept rid of contagion if our neighboring state lacks system and energy to also keep free from pestilential disease. During the last quarter of a century the various states of our union have collectively spent millions of dollars to eradicate and mitigate the ravages of smallpox and the time had arrived when we were almost ready to exclaim to the world our glorious victory over pestilence and disease when in the twinkling of an eye many thousand noble and heroic sons of a generous and sympathetic republic responded to the bugle call and left their homes, some sailing to foreign lands, in behalf of liberty, honor and relief of a suffering people from tyranny and despotism. When such of these heroes as survived the conflicts of war, unwholesome diet, and pestilence in other lands, returned, we were shocked with the announcement that smallpox was again among our people. During the last three years the United States has been overrun from center to circumference by this loathsome disease. What will prevent smallpox in the United States will prevent it in Cuba, Porto Rico and the Philippines, so if those countries had manifested the same energy and knowledge toward the wiping out of contagion as has been manifested in our country, today we would not be annoyed by smallpox. What is said of smallpox being brought across our border lines, may likewise be said of typhus, typhoid fever, cholera, scabies, leprosy, scarlatina, diphtheria, bubonic plague, yellow fever, chickenpox, measles, pertussis, syphilis, tuberculosis and other contagious and infectious diseases. The same amount of labor and money already devoted to the eradication of disease brought into the United States as a result of the Spanish-American war, had it been used at the right time, would have been sufficient to have wiped out the same diseases completely in Cuba, Porto Rico, the Philippines, and even other countries before the war began. If our country is afflicted with a dangerous and infectious disease, all the nations of the world are in danger and likewise is our country in danger when infection is prevalent in any other country of the world. It is then a plain duty of every country on earth to guard well her treasury of health and see that her citizens are not robbed of that which is more valuable than fine gold and precious stones, viz., life, health and happiness. It is evident that every organization, local or national, must have a head clothed with authority bestowed upon it by the masses. Every nation should have a health department at the head of which is a highly educated, broad and liberal minded physician, who shall each year meet with the physicians at the head of similar departments of all other nations. These representatives of the health of the world shall for a limited time discuss the situation fully, relative to disease in every country

and agree on a system of uniform action to be promulgated against infection in all countries of the world. At these annual meetings each nation will receive the benefit of the best and most advanced hygienic and medico-legal thought of every other nation. Coming down to our own country, we see that our Uncle Samuel has given us bureaus of animal industry, of forestry, of agriculture, of education, of mines, of labor, and of numerous branches of science, business, trades, arts, and other matters, and why? Simply because people of influence demanded it. The cabinet of the president should include a broad and liberal minded physician of unquestioned ability who should be at the head of a national bureau of public health. The national bureau should have an auxiliary bureau in each state and the auxiliary bureau in each state should have an auxiliary bureau in each county of such state. These bureaus should all work in harmony on the same system and be supplied with such apparatus and means as necessary to execute its design and purpose. All qualified physicians should be licensed by the national bureau and when so licensed should be allowed to practice anywhere under the stars and stripes. National bureaus might adopt international courtesies whereby a man licensed in one country might practice in any other country. All state laws relative to the practice of medicine and to the public health should be repealed when a suitable national law is ready to be substituted. Then every town, city, county, state and territory under our flag will be subject to the same rules and then if our own state is free from infection we may be reasonably certain that nearly if not all other states are likewise free from infection. As our present sanitary laws exist, there is much done that should not be required and there should be much done that is not done.

We are living in a fast age. The rising generations are learning much which is necessary to prolong human life but the progress is slow. Physicians are the ones to whom we must look to promulgate and hasten better hygienic knowledge. The adolescent boy uninstructed at the age of 15, or younger, generally concludes that the cigar or cigarette is essential to make him manly. Physicians, teachers and parents should show him the better way. At about the age of 18 the youth often thinks it might now be well to become a father when he had better be engaged in acquiring knowledge and developing his body for a long life. He might with propriety study the book of Genesis and learn that Adam before becoming a father was 130 years old, Seth 150, Enos 90, Canaan 70, Mahalaleel 65, Jared 162, Enoch 165, Methuselah 187, Lamech 182 and Noah 500. And it will not do to say that the offspring of the aged are not long lived as the oldest man that ever lived was born when his father Enoch was 165 years old and Shem, Ham and Japhet, who are supposed to have been the progenitors of all the generations that have lived since the flood were born when their father Noah was 500 years old. We are told that man was created in the image of God and it was certainly not the design of the Creator that people should die young in life or else the patriarchs of old must necessarily have produced progeny at a much earlier period in their lives in order that the world might become populated. As an example of longevity following the creation of man, we learn that Adam lived 930 years, Seth 912, Enos 905, Canaan 910, Mahalaleel 895, Jared 962, Enoch 365, Methuselah 969, Lamech 777, and Noah 950.

The legislative powers will vote millions of dollars from the treasuries of the people to support the orphans, the insane, the poor and

afflicted ones who are unable to pay for food, lodging and medical attention and through ignorance refuse to vote more than a few hundred dollars for the prevention of disease and prolongation of human life. It is probable a majority of the people would now say that a large appropriation for prevention of disease would be a useless expenditure and so it would if not used judiciously and systematically. If properly used and applied, large appropriations for the prevention of disease would prove to be the greatest advancement toward economy that the world has ever known. If all the people the world over could only be taught so as to understand fully the laws of health and the laws governing a normal and healthy propagation of mankind and all persons throughout life would use such knowledge to its fullest extent, the longevity of human life would immediately be on the increase and it would only be a few generations until our posterity would be living lives equal in length to that of Adam, Methuselah and other patriarchs of old.

Furthermore, if none but healthy parents free from every disease, hereditary and otherwise would be permitted to bring offspring into the world, and every child from hour of birth was subject to definite and perfect hygienic laws including, cleanliness, food, clothing, exercise, pure air, personal habits, sleep, protection from contagion, etc., it is not unreasonable to suppose that when the millenium shall come which Holy Writ foretells, the human beings throughout the halcyon years of that golden period may look back over the pages of history and note that Adam lived 930 years and died on account of his sin and lack of knowledge, or misuse of knowledge and that other human beings whose advent was made in 1901 lived but an hour or a day or a year but by means of a renewed and advanced civilization and proper use of the faculties God gave to man, he has risen from the ashes of the past and again arrived at a stage of perfection like Adam before he fell, as perfect as the angel and a suitable subject to live throughout eternity, so perfect that he can never die. Mrs. Robinson of Brookfield, Indiana, is now living at the age of 117. Not long ago a distant relative of the writer died at age of 103. How came these people to live to such an age? They escaped the ravages of disease. We are probably all guilty sometimes of saying that certain ones die of old age but strictly speaking no one dies of old age. I do not even believe that father Methuselah died of old age. This fact is so notable that some life insurance companies refuse to accept the statement that certain relatives of the applicant for insurance died of "old age." With the idea of perfection in view no persons should be allowed to enter in the marriage state without careful examination by competent authority and evidence of perfect freedom from disease. If two, male and female conclude that they must join hands in the battle of life, and one or each is prone to tuberculosis, syphilis, crime, or insanity, occlusion or destruction of a portion of the vas deferens in the male will meet the indications in the case. With the present knowledge of the profession, the world need not necessarily have those death dealing agents, such as typhus, typhoid fever, smallpox, bubonic plague, yellow fever, scarlatina, leprosy, syphilis, tuberculosis, and generally even insanity. Yes, even cancer may be almost subject to the will of mankind. Municipalities and states are constantly paying out large sums of money to support orphans, idiots, insane and even convicts in prison, where it can be shown that disease is accountable directly or indirectly for the condition of the greater portion if not all these unfortunates. As an illustration of

the State's mode of economy, we may select a man with a wife and six small children. The man has no means of support except by his daily toil. He has incipient phthisis. He has no means to take himself and family to a country where he can live by breathing the air that God has given for such unfortunates to live on. He has no money to buy food or medicine. The State grudgingly pays for a little medicine which nine times out of ten might as well have been poured on the ground He has not even the proper food for a well man and much less for a sick man. Finally the State feels relieved when the man is buried and a six dollar casket is paid for. But now come the orphans who must be cared for by the State, the approximated expense for the six children amounting to $1000 annually or more if kept in an orphans home supported by the state and if they must be kept five years there is an outlay of $5000 or over. Now the State instead of allowing the man to die when he was so much needed by his family, should have taken this man and family to a place where he could get well and live and furnish him a little home and the whole expense need not to have exceeded $600 or $800 and thus not only saved a human life but have saved the State over $4000. It is to be hoped the State will soon see the error of its way. In round numbers there are about 20,000 cases of typhoid fever annually in Indiana and about 2000 deaths from same disease. By careful figuring any sensible man can prove to his own satisfactison that $800,000 is an exceedingly low estimate of the expense that the people of Indiana pay out annually on account of typhoid fever, besides the loss of human life and the agony inflicted upon relatives who must be separated from those near and dear.

When will the people be made to see this situation and demand its correction? But you ask what shall we do? I answer, get together, although we must admit sometimes that is not an easy task as has recently been demonstrated in our own city. There are about 125,000 licensed physicians in the United States which is one physician to about every 600 inhabitants or couting four to a family we would have about 161 families to one physician. With the superior knowledge and influence of the average physician, the army of 125,000 doctors in the United States can have such legislation as is proper and necessary if it will but make the effort and work as a unit.

OBSTETRIC NOTES.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

Bag of waters not yet formed, nagging pains; give enema; if there is no improvement give hypodermic of $\frac{1}{3}$ grain of morphine with $\frac{1}{150}$ grain of atropine; then everybody can get some rest.

If in five hours you are called again to the above case and find very little if any advance and the same nagging pains give another hypodermic.

If pains are business-like and progress slowly if agreeable gently insert the whole hand into the vagina, dilate cervix with fingers and give glycerine rectally.

In obstetric cases keep the patient braced with strychnine using $\frac{1}{30}$ grain every two or three hours.

Glonoin $\frac{1}{100}$ grain used every one-half hour keeps the patient a little easier.

Sometimes at a confinement within three hours I will give five soap and water enemas and two or three rectal injections of warm glycerine.

In thirteen years of practise varying from $150.00 to $600.00 per month I have never used the forceps. I never lost a female patient over thirteen

years and younger than fifty-five years and never in any obstetric case have I encountered fever above 101½ deg. Fahr., except consultation cases, etc.

I have used quinine when progress is slow yet I avoid its use when possible as I am positive it causes more bleeding than is required.

When I use quinine (and I use it less every year) I give strychnine, digitalin and atropine liberally and elevate the foot of the bed when I leave my patient.

This elevating the foot of the bed and lying on a low pillow is all right it is a handy little "ounce of prevention."

After the child is born, within eighteen hours I give ʒss. of aromatic castor oil.

It is always safest to make calls daily upon our confinement cases for about nine days.

At these calls I usually douche the patient with a bichloride solution and if the pulse is too rapid I fill the rectum with soap suds.

According to the case I leave sodium phosphate, Waugh's anti-constipation granules or the like to be given three times per day in sufficient dose to allow one or two actions of the bowels daily.

Keeping the bowels regulated after confinement is half the battle.

If our patient has any indication whatever of biliousness give calomel grs. viii and sodium phosphate ʒi. t. i. d.

If every attempt to act upon the bowels of the mother raises hob with the baby give the baby ⅛ grain calomel hourly for ten doses on alternate days.

Always keep watch of the mother's breast. Paint nipples with pure ichthyol if they are tender or sore and see that the milk is emptied out regularly and before trouble begins.

If a nursing mother is weak and anaemic all will soon be well if she swallows eight raw eggs per day but as usually she will not do this give her a No. 1 capsule of calcium hypophosphite.

As to the use of chloroform in confinement it seems that its demand on the part of the patient is increasing. My wife who has given birth to three children weighing respectively 13½, 14 and 14½ pounds "scorns to the depth of her soul the cowardice that would prompt a mother to retreat into the abyss of unconsciousness when the grandest epoch of woman's life is transpiring while she is the chief actor Think of her wanting to be cheated of the knowledge of the great part she is taking in the rounds of nature." Yes and the woman who speaks thus wears a 21 inch belt with hands and feet of corresponding smallness weight being 135 pounds. I say this because it is said that "cultured" city ladies must have chloroform and some M. D's. regard the woman who meets this ordeal bravely as a sort of virago or giantess.

ANIMAL THERAPY.

By Edward C. Rothrock, M. D., Tennessee Colony, Texas.

Practical medicine depends for its advance on physiology, pharmacology and pathology, but of all the advances, none are so remarkable as those we owe to pathology. A knowledge of the physiology of digestion has led to a successful treatment of dyspepsia, by the administration of digestive enzymes. Pharmacological research has taught us how to treat diseases of the heart and circulation with a success not dreamed of years ago, by knowledge gained not only to use old remedies aright scientifically but also the new remedies that have been introduced all of which possess special action, a law of cure, which we utilize to alter tissue change, lower temperature, pro-

cure rest and sleep. Time prevents us speaking of the prevention and cure of other diseases by modern therapy, as it is our object in this paper to only mention some experience with a few of the animal extracts.

THYROID EXTRACT

It certainly is a great discovery that myxoedema depends on inactivity or absence of the thyroid gland, and can be cured by administration of its extract which acts as an enzyme on living tissues. The patient's sluggish mental processes become brighter and his heavy features assume a natural appearance. A study of enzymes and their products is the most promising method of advancing to a knowledge of the nature and treatment of diseases; a research of the properties of those enzymes which are closely associated with the protoplasm of the cells in the organs and tissues and those which have internal secretion as the thyroid gland. The muscles and nerves are not glandular, yet all organs have an action of the blood and modify that fluid by what it imparts to or removes from its elements. Therefore it is to know of the changes which occur in the protoplasm of the cells in the organs of the body, as the liver, intestinal wall, etc., and of the enzymes by which such processes are carried out and study to form a knowledge of the formation of the poisonous albumoses frequently formed during the act of digestion, into innocuous albumins and dangerous enzymes into harmless products, Medical science has derived vast benefit from the science of chemistry and will still more in centuries to come.

In dysmenorrhoea, the delay of menstruation in young women is often due to developmental changes, we find thyroid extract ½ to 1 grain at bed time or in some cases twice a day will act promptly as an emenagogue. We have used it frequently with advantage in different female troubles.

A case of general psoriasis, male 35 years of age, skin hot and dry and inflamed, suffered for ten years; after trying a host of drugs with but little benefit, was placed upon thyroid extract, 1 grain four times a day, gradually increased to 5 grains three times a day, was well in three months, no relapse. In chronic scaly skin diseases, thyroid extract will relieve and cure in time. We have cured several such types of skin diseases and have two cases of "fish skin" disease on hand at present treating with thyroid extract, but the battle has but commenced.

Several cases of obesity have been treated with success; the administration of thyroid 1 grain three times a day gave prompt effects. The combustion of accumulated fat being rapid and its diuretic action very perceptible, the loss of weight being 5 pounds the first week; in some more, in four to six weeks the loss was 20 to 30 pounds. The thyroid extract was gradually increased in most of the cases to 6 and 9 grains each day. One case out of ten cases failed to respond but little, caused by impure quality of the extract, or insufficient treatment, directions not being followed.

One case of lupus of face was treated internally and locally with the thyroid. Male, aged 35, prompt and steady improvement resulted, the patches fading rapidly, and in a few months was well. A case of fungoid tumor on the cheek, a male, aged 40 years, was healed and cured by thyroid extract applied locally only; some other internal remedies were used. The local application of the thyroid would control the hemorrhage and was the main factor in the cure.

SUPRA-RENAL EXTRACT

I have successfully used suprarenal extract in inflammation of the nasal

mucous membrane for epistaxis and hayfever, locally and internally as a hemostatic. It is efficient applied locally in inflammation and hemorrhage of mucous membranes. Cocaine, phenic acid, etc., could be added without impairing its virtues. As preservative carbolic acid will prevent decomposition without impairment of its physiological activity. Two cases of diphtheria I treated with thyroid and adrenol internally and locally, false membrane cleared rapidly with local use of thyroid solution. One case laryngeal symptoms were present but disappeared in twelve hours, recovery without any sequelae.

Thyroid extract and supra-renal extract are cardiac stimulant, astringent, hemostatic, alterative and vasomotor stimulant; lower the blood pressure at first, then raise it some according to dose. For local application I use thyroid or supra-renal extracts 20 grains, carbolic acid 2 grains, aqua distill 4 ounces, rub in mortar and filter. In most cases reaction was noticed and in over dosing thyroid will cause vertigo, tachycardia, nausea, sometimes vomiting, chills and fever.

A MOTHER'S LOVE.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

The sweetest, dearest thing on earth is the love of a mother for her child. It is so fine and holy that no words are adequate to its expression. That nature is indeed harsh and unwomanly that does not mellow and soften under ths spell of a little one, and even the baby that is "not wanted" and hence unwelcomed in the anticipation, has a way of getting around its mother's repugnance and establishing itself in her love and tenderness. The moment the helpless little thing is laid in its mothers arms, it seems to stir the dormant maternal instinct, and she is scarce a woman who can deny the claim of the child that is her own flesh and blood.

So deep and sincere is the love in some women, that they give themselves up entirely to its gratification and literally "live for their children." They esteem it a duty and privilege so to do, and pique themselves on their denial of their claims to their time and thought. It is their joy to devote all their energies to the well-being of their little ones.

This is all commendable in a way and in a measure. Certainly, children require much of us. But it ts also possible to pay too high a rate of interest on a loan. It is not mete; it is not right; it is not our bounden duty to make them our sole duty, our only interest.

It is sad but true, that it not infrequently happens that the beginning of a drifting apart of husband and wife, comes with the birth of the first babe. The little thing that God meant to be a bond of union, becomes all unwittingly a bond of disunion. It lies in the mother's province to prevent this. All too often, she is so wrapped up in the baby that she ceases to be a companion to the baby's father. He finding the home atmosphere strongly impregnated with catnip tea and colic, left to himself over a newspaper while his wife watches the baby's slumbers and interdicts speech, lest it wakes the child, takes to going down town or a neighbor's, or somewhere where he is amused and interested. When baby is an old story and less care, a habit has been established; home seems dull and quiet and presently the wife thinks herself neglected.

Many women are like a child with some new and interesting toy, when the first babe is born. This awakened instinct, this mother's love, this sense of a new and precious responsibility, carries them into a new, strange and

absorbing world in which precious claims are forgotten. They see but one duty—the child. Now without a doubt, the babe is the paramount issue during the period of helplessness. But even then, it ought not to obscure all other responsibilities.

The most fatal issue of mother love, is over-indulgence. Could I offer but one maxim for the guidance of the young mother it would be:

Remember, truest love is not indulgence.

It is so natural to the mother to desire to gratify every wish of her darling, to provide pleasures and make childhood as happy as possible. But it is right to gratify the desires to an extent. But over-indulgence never brings happiness. Over-indulged children are always restless and discontented. It takes much to satisfy them and make them happy, because they have always had much and know not the delights in having small things.

Until he is spoiled, he is satisfied with little. He has no standard of values. He loves the rag doll or battered cart, more than the new and costly one you provide in place of it, because he is used to it. The new attracts for a time, then you find if he is the normal and unspoiled child, that he has gone back to the old friend—the toy he has played with longest. This preference for familiar things lasts, usually, just as long as you will let it. As soon as you cultivate a desire for the new, by supplying it and crowding it upon him, he becomes sophisticated and will tax your ingenuity to amuse and interest him.

Over-indulgence in all love and tenderness, often leans to actual detriment and injury to the child. I have just witnessed an instance of that kind which is likely to prove somewhat serious.

The only child of parents in quite moderate circumstances, is a girl of thirteen who has been a victim of indulgence since babyhood. She never went to sleep in an orthodox and respectable manner, even in the earlier units; but had to be rocked and trotted and sung to her favorite nursery hymn at three being:

"There she goes there she goes,
All done up in her Sunday clothes."

Surely a peculiar lullaby for a three year-old. It may be said with perfect truth, that she has had her own way all her life; she has been encouraged to have it. At thirteen she has indigestion and stomach trouble. No wonder. If she desired to make a meal on macaroni and cheese, of ice-cream or cake, or dispense with it altogether by substituting a box of chocolates, she did so. The only protest would be, "Why daughter hadn't you better eat something else?"

And if "daughter" said, "I like this best" or "I want this" that was all there was to it.

Daughter's indiscretions in diet, led to a long and tedious illness; weeks of anxiety of the mother, and of undoubted suffering to the child. She was on the road to recovery and able to sit up a little. She was just at that stage when a patient craves inordinate quantities of food, and the physician had cautioned them many times about gratifying her appetite.

"She wanted it so badly, doctor, I didn't have the heart to refuse her," was the mother's plea when her indulgence caused a relapse. The relapse nearly proved fatal; yet, this experience did not prevent another foolish indulgence. likely to have serious consequences. "Daughter" became interested in a story while she was convalescent; was allowed to over-tax her eyes, inflammation set in, and it will be a long time before she will be allowed to use them again.

There are scores of ways in which the mother love untempered by sound judgment and discretion works injury

to the beloved object. Just as soon as we make indulgence a synonym for love, we damage the forming, developing character.

If parents would only realize the true importance of the formative period and see how it is to color the whole after-life, it seems to me they would take a more serious view of their responsibility. To gratify present desires, to provide food, shelter and school, are lesser in importance than the moulding of the future character which is receiving indelible bias under parental control.

I sometimes reflect with sorrow, upon how often our best impulses, our finest traits, our most lovable emotions make trouble and pain for us and for others when we fail to temper them with discretion, and to set limits upon them. It isn't safe to give way to even the best there is in us, until we summon to our aid those qualities with which we are endowed that make for control and restraint.

CEREBRO-SPINAL MENINGITIS

By M. C. Martin, M. D., Heartwell, Nebraska.

The subject of cerebro-spinal meningitis will be always interesting to any physician who has met the disease in practice. Happy is he if it can be truthfully said, "I came, I saw, I conquered."

I have seen four cases, three of them under one year of age, the one above one year was the only one that survived. The last two were treated in January, 1902, the first of these did not live 24 hours after I saw him: the second and last was two years old, was taken about seven days after the first one. He did remarkably well under treatment.

Will refer briefly to treatment as we learn from books and journals. Opium or morphine seems to meet the approbation of most writers. Ice bags to head or hot salt bags, one kept heating while one is applied to back of head, hot as can be borne. Mustard plaster, half mustard and the other half flour placed on whole length of spine and kept on as long as can be endured, followed by antiphlogistine. Dosimetric trinity as necessary for fever with two or three grains of revaine for pain for child. Warm baths are very useful in equalizing circulation, reducing temperature, warding off convulsions, followed by inunctions of oil or lard, head elevated, light excluded, heat to feet to draw blood away from head. I used nuclein throughout and place much confidence in it, also echinacea four min. every two hours to child of two years with heart tonics. digitalin or strophanthine. Dr. E. J. Latta, of Kenesaw, was called in consultation in both cases in January and gave good advice. He suggested passiflora which was used with benefit. The second case was given calomel gr. ½ every hour as necessary to keep bowels free and act as an antiphlogistic; it seems to do great good. One case is reported in a medical journal as cured by saturated tinct. of gelsemium; after being given up as hopeless, he was given 10 gtts. of the tinct. every half hour until he became quiet, and its continuous use resulted in recovery.

This disease jocularly called cerebrospinal come-and-get-us, will try the courage and test a physician's ability to the utmost. As long as we lose cases so long we will be searching for new and better remedies. Our older materia medicas do not cover all of the ground. I have been searching for all the curative agents that can be used profitably in general practice, and intend issuing a book in the near future that will give us more light on the subject.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

CODEINE.

THE DOSIMETRIC METHOD OF ADMINISTRATION.

By F. C. Gay, M. D., 106 Macon street, Brooklyn, N. Y.

In alkaloidal medication there are two great principles which should be adhered to in order to get the best results. The first is to get the active principle, in perfectly pure form, of the indicated drug. The second in order, but of equal importance, is to administer that active principle in small and often repeated doses, until the desired effect is produced or until the physiological effects of the drug begin to manifest themselves. In this way the most potent remedies can be administered in perfect safety and with brilliant results. The practical application of these rules and the importance of adhering to them may be well illustrated by a recent experience.

The patient was a lady past middle age, but young in mental powers and personal appearance. Indigestion and constipation, resulting in autotoxemia and an overworked brain from literary productions had produced a nervous condition such that she could not sleep without a persuader. A valvular heart lesion of thirty years standing and an extreme susceptibility to all medicinal agents made any depressing hypnotic out of the question. Thinking that codeine might do well I gave her one-eighth grain. A few minutes after taking it the patient fell into a heavy sleep which lasted an hour when she awoke with "nightmare" and very much exhausted. There was no more sleep for her that night. The next night when the same nervous condition presented in a more aggravated degree, still having faith in my codeine, I dissolved one-fourth grain in sixteen teaspoonfuls of water and instructed the nurse to give a teaspoonful every half hour until the patient got quiet. In about two hours she dropped quietly off to sleep and slept until morning, waking then fresh and invigorated.

Of course, I realize that one case doesn't prove a theory, but this is only one of many similar experiences.

COPPER ARSENITE.

This remedy has been extensively introduced to the whole medical profession by the dosimetric practitioners although it was used before their day, yet it remained for them to impress upon the profession its really great value. Copper arsenite is known as Scheele's green and is very similar to Paris green. The dose is $\frac{1}{1000}$ to $\frac{1}{50}$ grain. It may be given in granule or tablet form, or the granule or tablet may be dissolved in water and the dose regulated as desired. A very small dose frequently repeated gives the best results.

It has a number of therapeutic uses but is notably valuable in diarrhea, especially in cholera infantum. Ellingwood says of it in his materia medica: "Its specific indications are diarrhea, with frequent voluminous discharges, with this there is often violent vomiting of a large quantity of watery substance, and sharp, cutting colicky pains. The stools are tinged with green and are usually of a stinking, nasty odor. In several years use of the remedy we have never failed once with above indications."

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PHYSICIANS AS INVESTORS.

Physicians would probably smile, if they were told that gullibility was a characteristic of the profession. Still it is true to a considerable extent. Medical incomes are small on the average; the same energy, attention to business and preparation necessary for successful practice of medicine, if devoted to almost any other calling, would bring far better financial returns. It is but natural then, that physicians are anxious to obtain a fuller share of the good things of this world, as they see enjoyed by men whom they know not to be better equipped. And thus they are ready to put their hard earned and harder saved dollars into all kinds of investments. Unfortunately for them their work does not fit them to be good judges of financial or industrial enterprises. They are easily lured and deceived by the promises of the advertisments and prospectuses, which are showered on us through the mails. The average doctor is looked npon by the investment shark as a "soft and easy mark." It is safe to assert that there is not a reader of this journal, who has not been "bit" in some real estate speculation, stock deal or some get-rich-quick scheme. Too many doctors have seen the savings of a lifetime of arduous work and frugal self-denial thus swept away at one stroke, their years of old age embittered by the worry and anguish of financial stress. The man, who tries to beat another at his own game, is a fool. A physician is hardly a match for the professional financial promoter. Brethren, if you are fortunate enough to have money to invest, you can find plenty of good chances right around you. Get the advice of your lawyer and banker, men whom you can trust. Keep clear of schemes floated by men of whom you know nothing.

ETIOLOGY OF PUERPERAL ECLAMPSIA.

Although for many years investigators have been constantly busy trying to clear up the questions of the cause of puerperal eclampsia and thus remove one of the opprobriums of medical science, no definite results have as yet been reached. It is not surprising that the possibility of a bacterial origin has been considered and indeed Stroganoff has recently put forward the theory that eclampsia is an acute infectious disease, which terminates in recovery in one or two days, if the patient survives long enough. But the view is not generally accepted. Ever since Karl Braun's researches seemed to establish a casual relation between albuminuria and puerperal eclampsia, the opinion has prevailed that the disease is one of auto-infection, depending on defective elimination, not only the kidney, but also the liver failing to properly perform its duty. It is believed that there is an accumulation in the blood of maternal as well as fetal effete material, which sets up a toxemia. If the intoxication is caused alone by toxins arising in the fetus or the placenta. then emptying the uterus quickly would be the only rational management. Such a course would avail nothing, if the fault lies only in the maternal structures. From a careful study of a good series of cases Braitenberg in the Wiener Klin. Wochensch. concludes that no theory applies

to all cases, that puerperal eclampsia must not be considered a definite specific disease, but depends on a variety of causes and conditions.

MODERN DIAGNOSTIC METHODS.

One who has been in active practice for a score or more of years must view with certain envy the splendid opportunities of laboratory training enjoyed by the medical student of today. When we of the older guard make our periodical visit to the post graduate school, listen to papers and discussions at medical meetings, meet younger men in consultation, read contributions and editorials in our medical journals, we often cannot help feeling a sense of bewilderment. It seems but yesterday when the microscope was resorted to only occasionally, today it is thought almost as indispensable as the clinical thermometer. Add to it culture tests, serum tests and blood examinations, and we have a grand and formidable array of modern means of diagnosis. There can be no question of their great scientific importance, but, at the risk of being classed as an old fogy, the writer expresses some doubt about their practical value. True, a positive Widal reaction or the presence of the plasmodium in the blood may aid us to an earlier correct diagnosis, the occurrence of great leucocytosis in the course of an otherwise mild appendicitis may indicate the prompt need of surgical interference, or, during the third week of a typhoid, would set at rest any doubt about the occurrence of perforation. Richardson, of Boston, says he has in a number of obscure cases made his differential diagnosis between beginning typhoid and appendicitis by the blood count alone, there being a decreased leucocytosis in typhoid, an increase in appendicitis. Thus lives may be saved. But a few doses of quinine would quickly distinguish between typhoid and malaria, and the general symptoms of intestinal perforation are not easily overlooked. Finding the tubercle bacillus in expectoration or purulent discharge is rarely more than a corroboration of a diagnosis made before from simple physical signs. Indeed, the experienced observer will know a case to be one of tuberculosis from general appearance, habits, history, before it is even possible to detect the bacillus. Similarly the clinical history and chemical tests will leave us no doubt as to existing nephritis, the discovery of casts is usually an additional symptom, although at times their appearance has been the first leading sign of the disease. When the blood count shows a diminished number and altered form of erythrocytes—they used to be called in plain English red blood corpuscles—and a low percentage of hemoglobin, certainly our diagnosis of anemia had been made previously. It is not an idle boast to say that the physician of experience is seldom told anything new by microscope, serum or culture test and blood examination, but that they serve to corroborate an opinion formed by other means. Their province is to be aids to diagnosis, nothing more. Is not there a tendency to overvalue their importance and to look upon them as the "whole thing?" Perhaps it would be profitable to give up some of the time now devoted to their study and pursuit to investigations in therapeutics, a branch of medicine sadly neglected. In spite of all our great scientific advances we are about as helpless in the fight against disease as our fathers were.

TENDON TRANSPLANTATION.

Gibney in N. Y. Med. Jour., reports and tabulates 67 cases of tendon transplantation for various conditions, such as drop-wrist, talipes, dangle-leg, etc. He finds altogether 92 patients were operated on and the final results ascertained in 67. Good results were obtained in 34, fair in 45, and negative in 21 per cent.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

INFANTILE DIARRHEA.

On page 207 last year's Recorder the treatment of infantile summer diarrhea is given as dietetic, hygienic and therapeutic. Very good.

Food should be withheld for some time in most cases at first. Diet must be restricted until the disease is overcome for without dieting there is no cure. Modified cow's milk for children who are not nursing, white of one egg, rice water four ounces, beaten up and flavored with salt, or white of an egg, four ounces of barley water, with a little salt and sugar, whiskey or brandy one to two teaspoonfuls every fifteen or twenty minutes as indicated. Malted milk is an extra good food for such cases.

Infantile diarrhea is more frequent in artificially fed children and in children from one to four years of age. The second summer of an infant's life is the most disastrous period, as other food is taken besides the mother's milk. Diarrhea is very prevalent in large cities, particularly among the poor, as the surroundings are unfavorable to infantile life. Impure air is a great factor in this disease as well as diet and temperature. Temperature has been long recognized as one of the causes of diarrheal troubles in children. Dentition no doubt is another cause. Dietary error, no doubt, is the greatest factor and is frequent with bottle-fed infants. But often the milk of the mother disagrees with the child. A child may appear to be healthy, when the number of stools are increased, there is restlessness, fever, often colic pains. The stools are more copious and offensive and evidence of fermentation, frequently indigested food and curds are expelled in the stools, gas, etc., and there may be slight nausea. Again other cases will commence with nausea, vomiting, colicky pains and fever which frequently rises to 104 and convulsions may be present at the onset. The stools consist of a grayish or dark green, or yellow or greenish yellow feces, curds, and portions of indigested food. Ptomaines are formed in the intestines. Such attacks are frequently caused by eating unripe fruit, improper food, too much food over-loading the stomach, tainted milk, frequently caused by the mother's milk, who has eaten cabbage and other such food. The mother's milk when she is overheated will often produce diarrhea in the infant who sucks it. I have frequently seen children made sick by imbibing the poison milk from the mother who was overheated. Prudent mothers will not let the baby nurse when they are overheated, but will empty the breasts, and allow them to fill up before allowing the baby to nurse. The baby can be fed in the interval on some simple diet, as rice, or barley water with very little sugar. As to cleanliness it should always be attended to. Drugs judiciously administered are of value, but I take it to be secondary in importance to prevention and management—proper nursing, hygiene and diet.

First it is necessary to clean out the intestinal tract of all putrid, fermenting matter. Syrup rhubarb is given to c ean out the bowels and it is a good purgative that will be needed several times, perhaps, during the child's sickness. The comp. syrup of rhubarb 10 to 12 drops, after the bowels have been acted on, every two or three hours has good effect, keeping the bowels in a soluble condition

and at the same time restraining them, having a slight astringent effect and correcting offensive discharges, relieving pain and tenesmus. Castor oil is a good child's medicament as a laxative in small doses one or two teaspoonfuls with a drop or two of paregoric to prevent griping.

Next, some good intestinal antiseptic should be given. Salol is a good antiseptic and acts well. The sulpho-carbolates are used frequently in one or two grain doses every three hours to neutralize the toxins caused by fermentative changes of food ingested, bacterial products either of the nature of acids or of albuminous degeneration, down to ammonia and its combinations often producing the most profound disturbances active irritants causing injury to the wall of intestines. The influence of this intoxication from the bowels exerts a degenerative influence upon the other organs as the liver, kidneys, etc., hence there are frequently manifested numerous complications of grave import.

If the child's face is pale, pinched features, stools thin and offensive, creasote one-half to one drop, syrup one to two ʒ in doses of one-half to one teaspoonful every two or three hours and will act promptly. Creasote has an affinity. in small doses, and a sedative action on the terminal nerve filaments of the gastro-intestinal mucous membrane.

It is very seldom I give strychnine or preparations of opium to children. In a condition of collapse, whiskey is the best agent to use, a few drops of whiskey a day meets depression or collapse; a few drops, one or two, of tincture of camphor, is prompt in causing reaction. Burnt brandy is a good remedy in diarrhea, a stimulant and astringent and like whiskey often relieves tenesmus and pain. Aconite tr. two to three drops, water four oz , teaspoonful every half hour if fever is high, or every hour if fever is not high. As temperature goes down then give it every two or three hours until temperature is normal, or down to 100. If nausea, ipecac tincture ten drops, water four ounces, teaspoonful every half hour or every hour or two until this is relieved. If discharges are copious and thin, tincture coto bark one to two drops every hour or two until discharges are moderated. The subcarb. bismuth or subnitrate bismuth two to four grains is of great use. If dentition is a factor and there is much restlessness and colicky pains the tincture of chamomile ten drops, water four ounces, give from one-half to one teaspoonful every half hour until relieved, one dose frequently is all that will be needed. We have found this good for colicky pains: Ess. pepperment two drops, dioscorea vill. tr. one drop. One-half to one drop tr. of colocynth is also good. Injections of warm water with one or two drops tr. lobelia will open the bowels and relieve the pain. Calamus is a very good remedy to relieve pain and the above remedies for colic could be given in calumus tea. Berberis five grs. thin starch gruel is a good enema used warm and the berberis of course rubbed up in the gruel.

Colicky pain can be relieved by very small doses of codeine which is not as constipating as opium. A motor paralizer, codeine $\frac{1}{6}$ to $\frac{1}{8}$ gr. has caused alarming symptoms in children and in one case coming under my notice $\frac{1}{8}$ gr. dose, a boy of 6 years of age but he soon reacted with stimulants. Codeine $\frac{1}{16}$ to $\frac{1}{64}$ is frequently useful to relieve pain and cough but opium or its preparations are badly borne by children, but it is sometimes valuable used with caution. We prefer a few drops of paregoric in place of any preparation of that kind. It is a good old time remedy.

Now, in treating children I give very simple remedies, as few as possi-

ble. If they do not relieve then others are used. Give no more drugs than are called for and remedies are given for effect, those that have a special affinity for the part or parts diseased. Strict attention to have the patient nursed well and attention to diet, which are the greatest factors to the cure. E. C. ROTHROCK, M. D.

Tennessee Colony, Tex.

AUTHORITY.

On page 186 of the June number of the Recorder I have been attacked or my article in the May number of the Recorder has, and in that article I am quoted as intending to leave the impression that Bartholow, Potter, et al., are not entitled to any consideration as authors. Now if my friend (?) Dr. Price will refer to the article of mine again, he will see that I am not at all desirous of leaving any such impression. I wrote the article in behalf of Dr. Price, but I ought to have had better sense than to have tried to pet a lion or rattlesnake, because I should have known that they were treacherous and would not look upon assistance with any degree of favor at all. Dr. Price says "this kind of talk tires us." Allow me to ask the question, who is "us," and have not "us" ever been tired before? Is "us" such class of people that a sage brush doctor shall not have the privilege of speech and of the press that the constitution of the United States gives to us. He also asks the question, "Where did Bartholow, Potter, et al., get their information? Did they learn it from the freshness of the sagebrush, surcharged with jack rabbits and lizards?" I might answer this question by saying that possibly they were able to secure a greater part of their knowlege from such men as Dr. Price and where the beautiful water lillies raise their snow capped heads to the skies and where pomp, splendor and superiority reign supreme. I am not, nor would I attempt to discourage the advice of such authors as Bartholow, Potter (and Price). Dr. Price asked me the question when and where did I learn that quinine was good in post-partum hemorrhage? I will answer this by saying that I have never learned it and if Dr. Price has I should like to know the same of him; possibly it was original with him. I have not made use of any expression that would lead or tend to leave any such impression upon any one's mind and why a man of such high intellect and undoubted authority as Dr. Price is, should infer such, I can't see. I acknowledge very frankly that I am not a man of such high intellect and renowned fame as Dr. Price is, and while I do not (as Dr. Price does) wish any one to draw any such inferences (that I am a man of all the intellect) from my writings, yet I must repeat and emphasize what I said in my article in the May number of the Recorder, that if we were to depend upon the authority of Bartholow, Potter, Price, et al., we would lose a majority of our patients. I want to be clearly understood that I am sure that whatever treatment that Bartholow, Potter, Price, et al., would suggest for any particular disease of their section of country would not suit in every case of a like character in this section, and I must, per se, add, that unless a medical man exercises some good sound horse sense in the practice of medicine, and if he will take the text books and track them to the letter, he will soon, of a matter of necessity, be forced to go at some other business, because his success will be so poor that he would soon get nothing to do, and when I find my judgment and experience differs from that of older and perhaps wiser physicians, and I find further that it has been entirely satisfactory to myself and beneficial to my patients, why should I

cater to the whims of any other man? I shall only say a few more words in reply to this unwarranted attack upon me. Quinine will not quiet or stop post-partal hemorrhage, but if it is given in the second stage of labor, it will produce such a powerful contraction of the womb and arterioles as to positively prevent post-partum hemorrhage. Dr. Price, what are the words that are used in the text books that are written by Bartholow, Potter, et al.? They are simply clinical experiences, which these gentlemen of fame have gathered at the bedsides and hospitals. OLIVER B. BUSH, M. D.

Cairo, Ga.

SYCOSIS.

Sycosis is generally considered a difficult disease to cure, but really it is very easy to cure under right remedies. Mrs. W., age 57, was annoyed for a number of years with dandruff, which at times caused an intense itching and for which many remedies had been employed locally, which eased up on the irritation for a few days, but never warranted the expectation of a cure. After a time the hair began to fall out until total baldness was the result. Much money had been spent and a number of springs visited in the endeavor of a cure, yet no decided results obtained. About four months ago, I was introduced to her husband by a mutual acquaintance, when the subject of his wife's condition was mentioned. I happened to remark that was easily cured if patient would follow directions implicitly. He said she had done that for about twenty years, but no cure in sight yet. I then said she had not had the right remedy. He said he had been in search of it for twenty years. Well, I said, you need not search further, I can supply it on short notice. He said he did not want to insinuate he doubted me, but that he had been so often disappointed he had lost all hopes of securing it. I told him to try just once more and if he did not see favorable results in ten days I would give it up and treatment for that time should cost him nothing. Said he would report the matter to his wife and if she chose to try it all right. "She chose," and is cured by the following treatment:

℞ Arsenauro.
Mercauro, aa ʒj.

M. Sig. Gtts. v t. i. d. to be increased by a min. at each dose every fifth day up to 10 min. three times a day in water an hour or more after meals.

Also locally:

℞ Infusion rad. altheae, ℥ij.
Aqua bullientis, ℥xij.
Glycerine, ℥iv.
Fl. ex. eucalyptus, ʒj.

M. Thoroughly applied all over the scalp twice daily, after washing with white castile soap. After having used this remedy for a week then sponge the scalp with:

℞ Peroxide hydrogen, ℥ij.
Aqua pura, ℥xiv.

M. Sig. Used by sponging the scalp twice daily instead of using the soap and then applying the infusion afterwards and keeping scalp well wet with it, and dressing with several layers of gauze. Case thoroughly cured in twelve weeks.

WILLIAM B. MANN, M. D.
Evanston, Ill., 1570 Asbury ave.

DIARRHEA.

For diarrhea and cholera morbus, Dr. Shoemaker recommends in his materia medico:

℞ Cupri arsenitis, gr. ss.
Aquae camphorae.
Aquae cinnamomi, aa. ℥iv.

M. Sig. From one to one-half teaspoonful every half hour or hour until relieved.

THERAPEUTIC BRIEFS.

The country is flooded with new proprietary remedies which are advertised very extensively. I believe in giving every good thing the praise. If a combination is presented to us which seems to be good we should give it a fair therapeutic test, and if found good adopt it, but on the other hand, if found no better than we already have, discard it, for we have too many remedies now. If we were to study our remedies better we would have better success with fewer remedies. We don't give a remedy a fair trial till something new comes up and we fly off on it expecting to find something which will work miracles; it is high time we were learning that the days of miracles are passed and get down and study therapeutics.

There are a certain class of men who see advertisements offering premiums for the best articles on the therapeutic effect of some proprietary preparation. They will write out some miraculous cures of imaginary disease and it is understood that the company has the right to reprint it and down goes a testimonial, and sometimes by men of reputation. I have no confidence in such articles. for I have tried the remedies and been personally acquainted with some of the circumstances. For the benefit of humanity we should give to the public that which is good and condemn that which is not.

I had an occasion not long since to test papine, on myself; the dose is from one-half to one drachm. I took a drachm, and in three-quarters of an hour I took another drachm. Now I think one drachm of papine is about equal to twenty-five drops of laudanum, but it is much more pleasant to take and I don't think it is as nauseating as laudanum and it does not seem to lock the bowels, but aside from this its effect was identical with laudanum. Of course we consider those points of some advantage.

The doctors have a host of remedies presented to them called uterine tonics. Now, what is a uterine tonic? If there are any medicines that have a specific tonic action on the uterus I do not know it. What are generally called tonics are uterine sedatives; most of them are nostrums. The best uterine sedatives known are the preparations of black haw and Jamaica dogwood. It is as impossible to find a single remedy which will relieve all uterine troubles as it is to find a single remedy for all kinds of fevers. So in most instances we need to treat the woman instead of the uterus.

Most authors on materia medica tell us that spirits of nitrous aether is a diuretic, but it is not. It is the best urinary sedative we know of; try it as a sedative instead of a diuretic and you will not be disappointed. As a diuretic there is nothing equal to large quantities of pure water.

The coal-tar derivatives have won a permanent place in therapeutics. We don't yet know their value.

I know doctors yet who are afraid to give a woman who is pregnant a dose of purgative medicine for fear of producing an abortion. I wonder how long it will be till doctors will learn to look for themselves instead of looking to someone else for all of their information. Women often take those things to produce an abortion. Women will abort in spite of all we can do, and the cause we do not know; in fact not always from the same cause. I will state without fear of a successful contradiction that ergot, aloes, calomel or savin will not produce an abortion in a healthy woman who is not predisposed. I once knew a woman to take large doses of aloes, and F. E. ergot two ounces, a drachm every two hours, and she went on to term and had a plump, healthy child. I knew another woman who had taken tea-

spoonful doses of oil of savin without effect. Those cases of abortion by medicine usually have a little help with a lead pencil, hat pin or sometimes the doctor's probe. When I wish to unlock the lower bowel of a pregnant woman I usually give a dose of aloes, and have never seen any trouble from it yet.

Some will not give quinine to a pregnant woman, but if it is needed I give it, for it will not do her as much harm as chills.

In conclusion, we should have fewer remedies and study them better.

R. L. Ford, M. D.

Livermore, Ky.

ITEMS.

A blister over the liver may be of service in obstinate hepatic congestion with heavily coated tongue.

A blister over the pneumogastric by stimulating inhibitory action upon sympathetic may control diarrhoea.

A flannel abdominal bandage is effective in diarrhoeas of aged and infants.

A few drops of tincture of iodine may cure the sickness of pregnancy.

Buccal ulcerations are cured by using chromic acid locally; rinse off quickly.

Albuminura polynea hyaline casts rapid and irregular heart action and cyanosis may follow cold bathing.

A rachitic head is flat on top and a hydocephalic head spherical.

Hygienic advice may be valued by a patient of brains but many people feel better when they think that they are paying the doctor for his prescriptions and the hygiene is thrown in free.

Coal oil locally has cured alopecia acreta. It may be prescribed in the form of crude petroleum.

Elevation and ice locally to sprains is all right in the acute stage if the patient can be kept quiet. We may wisely use rheumatic treatment also.

The nausea after the use of pilocarpine is relieved by small doses of chlorodyne.

C. E. Boynton, B. S., M. D.

Las Banos, Cal.

MORE MUTUAL FRATERNITY AND BROTHERLY LOVE.

I see of late a more friendly and mutual coming together of the old and new schools of medicine. God grant the day when we as physicians can grasp the hands of any honorable practitioner of any honorable school, as in this way we would learn much from one another to our mutual benefit. Why should I refuse to recognize or to consult with a respectable practitioner of some other school any more than I would refuse to associate with a worthy member of the Presbyterian church while I was a member of either the Methodist or Baptist church? Let no superstition cloud our reason from grasping the hand of our fellow practitioners of all respectable schools of medicine for a more mutual friendship and benefit to all concerned.

Dr. W. H. Gray,

Michigan City, Ind.

MEDICAL UNION.

Please allow me to make one suggestion. In your June number 1902 the excellent article, "Medical Union" by a brother M. D. is good except the idea of the oath. That sounds well, but is not business. As it is a business matter, reduce it to business, namely a forfeit. Let each member deposit $100.00 in cash or a bond, collectible at bank, as a forfeit and if he fails and it is proven he has broken his agreement, this amount is to go to the other members who are true. C. W. H., M. D.

Brevard, N. C.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. JULY, 1902. No. 7.

A SERIOUS MATTER.

The substitution of drugs has become a serious matter. Much more serious than the average physician realizes. We wish to especially call the attention of our readers to its great prevalence. One manufacturing chemist makes the statement that 75 per cent. of the calls for his preparation are filled with substitutes. Chas. Roome Parmele says: "In a conversation with the manager of one of the largest pharmaceutical firms in this country he stated to me that he had within the last nine weeks received over one hundred letters of inquiry from druggists asking whether his firm could not put up for them a solution similar to arsenauro. In each instance he replied that he could not do it if he would and would not do it if he could, and respectfully referred these firms to us. It is needless to say that none of the one hundred ever wrote to us. In all probability they wrote to some of the many other manufacturers and no doubt found several who would aid them in their nefarious business. There are several large firms in this country whose chief business is derived from the manufacture of imitations of all products which are successful and have earned an envied reputation."

In consideration of such strong evidence of substitution every physician should see that his prescriptions are filled as written. Send your prescriptions to a druggist whom you are sure will not substitute. If you cannot find such a druggist in your neighborhood, then do your own dispensing, which has many advantages. If you use expensive remedies, explain this to your patients and they will willingly pay the added cost.

If you do your own dispensing, however, do not fall into the evil ways of many druggists. There will be plenty of temptation. The agents of the firms who make substitutes will call on you and tell you how they can supply preparations just the same as your standard preparations at a much lower price. Beware of them. The firm that works that game will care more about giving you something that costs but little than about quality. The firms who make the reliable pharmaceutical specialties have their money and reputation staked on superior goods. Use the genuine, and always see that your patient gets it.

CORKS.

Some manufacturers use cheap corks in their goods to the detriment of everyone concerned. A poor cork crowded as far as possible into the neck of the container is most exasperating. In removing such a cork it is sure to break all to pieces and numerous particles fall into the preparation. Every manufacturing chemist, druggist and doctor should use the best corks. that money can buy.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

CONTRIBUTIONS TO PRACTICAL MEDICINE.—By Sir James Sawyer, Knt., M. D., F. R. C. P., F. R. S., F. S. A., Senior Consulting Physician to the Queen's Hospital, etc. Third edition, revised and enlarged. Pages, 210, cloth. Birmingham, England, Cornish Bros.

This volume is a collection of clinical lectures and essays on practical medicine, by a distinguished English physician. Some of the subjects discussed are: Causes and cure of insomnia, cure of gastralgia, cure of habitual constipation, cause and cure of backache, cure of eczema, cure of chorea by large doses of arsenic, chloride of calcium in the treatment of pulmonary tuberculosis, external use of capsicum, fuming inhalations in asthma, floating kidney.

As an illustration of the author's practical style we quote from the chapter on chorea: "We mostly find chorea associated with and causally related to one or more of four distinct conditions—namely, rheumatism, acute or subacute; faulty hygienic circumstances, especially an insufficiency of animal food; emotional shock, especially fright; reflex irritation due to intestinal worms. Each of these separate circumstances calls for appropriate treatment. But, however arising, for the chorea itself, if I may be allowed the phrase, arsenious acid is the best drug we have. Arsenic, freely and properly given, rarely fails. If a case of chorea came to you, and you learn that arsenic has been given and has failed, give it again, in large doses. You may cautiously increase the dose of liquor arsenicalis, far beyond the limits of the text-books, with the best results in chorea; in this way you may usually cure cases which smaller doses of the remedy would not affect."

The book is very practical and from cover to cover abounds in helpful suggestions. The ideas presented are very sensible and many are entirely different from those found in most works on practical medicine. The book is elegantly printed on fine paper and well bound.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE.—By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Second edition, revised, with notes and supplementary article on Nervous Impotence, by the translator, Gardner W. Allen, M. D., Surgeon in the Genito-Urinary Department of the Boston Dispensary; Instructor in Genito-Urinary Surgery in Tuft's Medical College. Illustrated. Pages 198. 12mo. Price, extra cloth, $1.00, net, delivered. Philadelphia; F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This volume is a revised translation of two monographs by the late Dr. Ultzmann, the eminent authority on the subjects, on genito-urinary neuroses and sterility and impotence in the male. The work discusses the matter in a practical manner and will assist physicians in treating such cases. The translator has added some notes and brought this edition of the book up to date. Dr. Allen has written a good monograph on Nervous Impotence which occupies about thirty pages of the book. Any physician who wishes a condensed, modern treatise on these subjects will find this book very satisfactory. The book is well printed and nicely bound in cloth.

BOOK NOTES.

The Household for July comes with its usual variety of reading which will especially interest the doctor's wife. "A Marriage Fiesta, in the Philippines" is a very interesting illustrated article, by Adeline Knapp.

The July "Success" opens with an article of considerable importance and timeliness, entitled "The Merchant Marine as a Career," by Clement A. Griscom, Jr., manager of the American Line. Other articles are: "A Country Girl Abroad" by Mrs. M. E. W. Sherwood, "What America Offers Her Artists" by Wm. Partridge. Ex-President Grover Cleveland contributes a valuable paper on "The Evolution of Self-Made Men." These are only a few of the good features of this excellent issue.

Lippincott's Magazine for July is given over to fiction, but with one exception in favor of a timely subject. The complete novel this month is written by Mabel Nelson Thurston, whose fame is won as a short-story writer. This more important achievement places her along the elect as a novelist. The title "On the Road to Arcady" is an invitingly cool one, well chosen for warm weather. Following the novel are half a dozen first-class stories varied in length and subject. A paper called "Bridging the Depths," by Pierce W. Hart, tells how the ocean cables are laid, and tells it to be understood. The verse of the month is by Bliss Carman, "What are the Great Stars, White and Blue?" Ethna Carbery, "The Wayfarer;" Will Sibert Cather, "In Rose Time;" and Aloysius Coll, "To a Dying Bee." The "Walnuts and Wine" department abounds in humor from familiar favorites and some names that are new.

To describe adequately "The World's Great Disasters" is the task set C. Bryson Taylor, in the July Everybody's. He has written in superb style the stories of the destruction of Pompeii, the earthquake at Lisbon, the passing of Port Royal and the cataclysm at Yeddo, picturing the life of these cities at the moment of destruction. Photographs of the ruins of St. Pierre accompany the article. The interest of "A Lost Art Revived" is pictorial—here are produced the Leoni illuminations of the Declaration of Independence and the Constitution of the United States. Donald Murray, inventor of the Postal Telegraph's system of writing telegraphy, writes "The Strange Story of the Printed Telegraph." "The Delights of Salmon Fishing" are described by Charles Hallock. There is a capital description of Grand Prix Day in Paris, and other good articles. A liberal amount of good pictures is also supplied.

The July McClure's is a notable number. Three of its contributions are of national importance—two sketches of Admiral Sampson, by ex-Secretary Long and Captain A. T. Mahan respectively, and an article entitled, "Fighting Life in the Phillipines," by Dr. Henry C. Rowland. He has seen campaigning from one end of the archipelago to the other. In the form of the story of experiences of three privates in a regular regiment the writer records all the facts of his own observations as a medical man, showing how the condition of soldiering in the Philippines bring about in the enlisted men the state of mind in which they obey, not merely without demurring, but even with alacrity, the order of their officers to shoot without trial insurgent prisoners. It is a startling presentation of facts. Other leading articles are "The Over-Sea Experiments of Santos-Dumont," by Sterling Hellig, and Miss Stone's third paper. An abundance of fiction and good pictures fill out the number.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Histogenol.—This is a new organic compound being used in France in treating tuburculosis. It is a compound of methylarsenate with nucleinic acid. Dr. Mouneyrat, the originator has used it in a large number of cases of phthisis with decided improvement. This announcement is a confirmation of the work being done by Dr. John Aulde in this country. Some of Dr. Aulde's new compounds are very similar to this new French discovery.

Obituary—Dr. William F. Curryer, a prominent physician of Indianapolis, and secretary of the state board of registration and examination, was striken with apoplexy and died June 5. He was 57 years old.

Dr. Sheldon H. Talcott, a leading homoeopathic practitioner died of enteric hemorrhage June 15, aged 60 years. He was superintendent of Middleton State Homoeopathic Hospital, professoı of mental diseases in the New York Homoeopathic Medical College and a leading alienist of this country.

Dr. Joseph Eastman, of Indianapolis, died June 5, of cancer of the liver, aged 60 years. He was a leading member of the profession at Indianapolis, for years holding positions as professor and hospital surgeon. As a gynecologist and abdominal surgeon he had a national reputation.

New Synthetics—Drs. Albert C. Barnes and Hermann Hill, of Philadelphia, announce the perfection of four new synthetic compounds as a result of original experimental investigation. Silver vitellin is a silver proteid for which are claimed good results in many inflammatory diseases of the eye, in gonorrhea and other inflammations of mucous surfaces. The doctors report excellent results with their new surgical dusting powder which is a chemical compound of bismuth, iodine, formaldehyde and cresotinic acid. Iron vitellin is the new organic iron compound. Their other product is an intestinal antiseptic and astringent, methylenetretiamin tannin proteid. These products promise to take a permanent place in therapeutics but many extensive clinical tests will be necessary to prove their superiority or equal to a number of other products of these classes which have been introduced in the last few years and have proven thoroughly their value.

Incompatibles.—When writing or compounding prescriptions it is always necessary to remember the various chemical incompatibilities. The Journal of the American Medical Association recently published a list of these incompatibilities, which will be useful for reference.

Chemical incompatibility may be apparent in three ways:

1. By precipitation or the formation of insoluble compounds.
2. By the evolution of gas.
3. In some instances by changes in the color of the mixture.

The largest class is included in the formation of insoluble compounds by precipitation. This precipitation takes place when two salts, combined, form an insoluble salt by the interchange of radicals. The most important incompatibilities are included in the following table as arranged alphabetically

by M. L. Neff, for the convenience of the practitioner.

1. Acid or acid salts are incompatible with alkalies and alkaline salts; alcohols (tinctures) and glycerine; hydrates and carbonates; glucosides; bases; relatively weak or volatile salts.

2. Alkalies are incompatible with: alkaloids and their salts: chloral; acids and their salts; relatively weak salts (halogens); metallic salts; calcium and magnesium salts.

3. Alkaloids and their salts with: alkalies; alkaline salts; halogen salts; tannic acid; phosphoric acid; boric acid and sodium borate; hydriodric acid; carbonic acid and the carbonates.

4. Arsenic is incompatible with: tannic acid; salts of metals, especially lead and silver, lime; magnesia.

5. Aqueous solutions are incompatible with: chloroform; metallic salts; essential and fixed oils; alcoholic tinctures, fluid extracts; resinous tinctures.

6. Hydragyri chloridum mite (calomel) with: antipyrin; alkalies (lime water, etc.); potassium iodide; salts of iron and lead.

7. Carbonic acid and carbonates are incompatible with: iron salts, metallic salts; (especially iron); salts of magnesium and calcium; acetic acid (syrupus scillae.)

9. Mucilages are incompatible with: alcohol and nitrous ether; iron; aqua plumbi; mineral acids.

10. Nitrous ether (sweet spirits of nitre) is incompatible with: tincture guaiac; mucilages; antipyrin; ferri sulphas; most of the carbonates.

11. Oxidizing substances, including the permanganates, chlorates, nitrates, etc., are incompatible with: charcoal; ammonium chlorid; tannic acid; sulphur; glycerin.

12. Phosphoric acid and the phosphates are incompatible with: alkaloids; metallic: salts; salts of magnesium and calcium.

13. Tannic acid is incompatible with: alkaloids; metallic salts (especially iron and lead); arsenic; digitalis; albumins and gelatins.

14. Gentian preparations will produce a change of color in the mixture when combined with: iron salts; infusion of prunus virginianae; infusio cinchona comp.; silver nitrate; lead salts.

The Bottini Operation.—Dr. Orville Horwitz, of Philadelphia, in the Pennsylvania Medical Journal writes a comprehensive article on the present status of the Bottini operation as a method of treatment in obstructive hypertrophy of the prostate gland. Dr. Horwitz has compiled a table showing the results of 888 operations by different operators. He says:

The fact that out of 888 unselected cases 715 of the number were either cured or improved, the mortality being only 5.7 per cent. confirms this statement. The value of the methods of treatment is brought more forcibly to our attention when we compare the mortality of the Bottini operation with that of other radical measures in vogue for the relief of hypertrophy of the prostate. The mortality of partial, perineal or suprapubic prostatectomy is given as 14.3 per cent. Unfortunately, the employment of this operation is limited to only special forms of prostatic over-growths. The mortality of the complete removal of the gland by means of either the perineal or suprapubic route is variously estimated to be between 18 and 25 per cent., whilst that of Bottini ranges from 4 5 to 7.3 per cent., varying in the hands of different operators, giving an average of about 5 per cent. From the results obtained from the list of cases tabulated, I think we are justified in drawing the conclusions that follow:

1. There is less fear on the part of the patient to submit to the operation than there is to any other surgical

procedure so far suggested for the relief of prostatic hypertrophy.

1. The principal advantages to be derived from the method of treatment are: A short time only is required to perform the operation, which is attended with little shock and usually with slight loss of blood, convalescence is rapid, and the mortality is lower than that by any other radical measure.

3. Cures result in the large majority of cases, especially if the operation is undertaken early. Marked improvement may be looked for in a vast number of cases, where otherwise individuals would be condemned to suffer, as the danger attending any of the other radical methods of treatment would be too great to warrant their employment.

4. Failures occur in but a comparatively few percentage of cases, want of success being due to the pathological changes and complications that have taken place. Especially is this true in those instances where an incurable cystitis exists.

5. The operation is contraindicated when a valve-like formation exists, or where there is a greatly increased over-growth of the three lobes, associated with tumor formation, giving rise to a pouch, above and below the neck of the bladder.

6. It may be employed with benefit, and safety, as a palliative measure in cases of prostatic hypertrophy of long standing, associated with cystitis, when the general health will be improved and constipation, which is usually associated with this condition, relieved, mitigating the prostatic spasm of the urethra, and rendering the insertion of the catheter easy and painless.

7. Pyelitis, when present, adds greatly to the danger of the operation, but is not always a contradiction to its employment.

8. The character of the growth has but little bearing on the result of the operation.

9. The operation may be employed as a safe and satisfactory means of causing a suprapubic fistula to close, which so frequently follows a suprapubic cystotomy when the prostate gland is hypertrophied.

10. In suitable cases it is not only the best radical measure thus far devised for the relief of prostatic hypertrohy, but is attended with the smallest mortality.

11. The operation is especially indicated in the beginning of obstructive symptoms due to hypertrophy of the prostate gland and may be regarded ss a prophylactic method of treatment.

12. The operation is capable of producing a symptomatic cure in a great number of cases of varions conditions and disfigurations of the prostate gland due to hypertrophy, as is shown by the disappearance of the prostatic spasm, the restoration of the function of the bladder to its normal condition, and the improvement of general health.

13. When operating early, before the prostate has become much enlarged, the safest method to pursue is to perform a preliminary perineal cystotomy, introducing the "perineal galvano-cautery incisor" of Chetwood, so as to make the incision in the prostate.

14. In some instances a prolonged preparatory treatment is necessary before the operation can be safely undertaken.

15. In cases of prostatic obstruction, which have existed for a lengthened period, where there is chronic cystitis, the physical condition of the patient being below par, both local and constitutional treatment must be persisted in for months after the operation before the great benefit derived from the procedure can be insured, which treatment, would be ineffectual unless the obstruction had first been removed.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

A CONTRIBUTION TO THE THERAPEUTICS OF ANAEMIC CONDITIONS.

By Dr. Hermann Metall, Assistant Physician to the General Polyclinic, Vienna.

(Translated from the German.)

In the medicinal treatment of the various forms of anaemia, whether it be essential chlorosis or the so-called secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anaemic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immerman, Ensli and others have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of haemoglobin in the blood increased scarcely a few per cent, and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the better class. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a sub-ordinary part in the therapy of chlorosis (Klein), and is to be regarded only as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anaemia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which besides iron has an important bearing on the absorption of oxygen by the blood. In fact, experiments have shown that anaemic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illustrated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is pepto-mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect

upon the blood-forming organs, these being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time, this chalybeate, as already mentioned, causes no digestive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke maintains that it should range from ¾ to 1½ grains of Fe. Most clinicians prescribe commonly 4 grains, which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grains of metallic iron daily; hence pepto-mangan (Gude) should be prescribed in doses of one tablespoonful three times daily for children up to twelve years, after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparation is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

After this brief introduction I will describe a number of cases which have been treated by me with pepto-mangan:

CASE I.—Mary B., 16 years old, has complained since a week of general debility and lassitude. She is very pale and restless, has no appetite, and suffers from headache and a feeling of pressure in the stomach. She is constipated, and the menses are irregular. Diagnosis, chlorosis.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 2	2,480,000	20	49.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 9	3,212,000	25	50.	
August 16	4,020,000	30	50.5	
August 24	4,300,000	40	51.3	
September 2.	5,000,000	50	53 4	

After a week the appetite was good, no headache; at the end of the second week, no further disturbances; menses not painful, and lasting only three days (formerly five days). After four weeks, the patient discharged cured.

CASE II.—Anna H., 23 years old, has suffered for three years from chlorosis, with irregular menstruation, palpitation of the heart, a feeling of weakness, and occasional syncope. Physical examination showed the presence of anaemic murmurs over the heart, as well as a venous murmur; no fever or oedema.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 4	3,750,000	35	55.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 29	4,010,000	60	57.8	
September 14	4,200,000	70	59.	

Appearance of menses after absence of 12 weeks; subjective disturbances have disappeared.

CASE III.—M. W., 16 years old has suffered since a year from headaches, dyspnoea, tinnitus aurium, vertigo, and gastric disturbances. There was marked pallor of the face and of the mucous membranes; systolic murmurs over the mitral and pulmonary valves, with dilation of the heart. No fever; spleen not palpable. Diagnosis, severe chlorosis.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 5	2,250,000	25	52.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 13	3,200,000	30	53.5	
August 16	3,350,000	35	55.5	
August 23	3,530,000	40	56.5	
September 1.	4,250,000	45	58.	

The subjective symptoms rapidly subsided, the appetite improved, and the stools became regular. The menses reappeared in the second week of treatment after having been absent for a year.

CASE IV.—M. P., 15 years old. Menses absent since one-half year; always scanty. Vicarious haemorrhages from the nose. Since three months the patient has suffered from dyspnoea, vomiting, cardiac palpita-

tion, general weakness, headaches, feeling of dulness, and sleeplessness. Physical examination reveals anaemic murmurs, moderate dilatation of the heart, venous murmur.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 5	2,400,000	20	47.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 10	3,600,000	25	47.5	
August 16	3,850,000	30	48.5	
August 23	4,250,000	35	49.0	
August 31	4,700,000	40	49.7	
September 7.	5,000,000	45	52.	
September 14	5,200,000	50	53.	

After the first week improvement set in; at the end of treatment disappearance of all disturbances. Increase of bodily weight, 12 pounds.

CASE V.—J. K., 18 years old. Chlorossis. Anaemic murmurs, cardiac dilatation, loss of appetite, insomnia, general lassitude, and headaches.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 10	2,200,000	35	52.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 24	3,000,000	45	55.	
September 12	3,300,000	60	57.	

At the end of the first week appetite vigorous; headaches had subsided. At the end of the fourth week no disturbance of any kind.

CASE VI.—A. N., 19 years old, has suffered from chlorotic disorders since two years. Improvement occurred under a milk diet and a sojourn in the country. Since five months the patient again complains of disturbances: palpitation of the heart, lassitude, headache, vertigo, tinnitus, and constipation; anaemic murmurs and venous hum perceptible.

Date.	Red Blood Cells in Cubic Millimetre	Haemoglobin per cent.	Bodily Weight	Therapy.
August 17	4,500,000	25	53.5	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 25	4,100,000	30	54.	
August 31	4,000,000	35	54.5	
September 7.	3,950,000	40	56.	
September 22	4,200,000	45	57.5	

The subjective symptoms diminished after a few days. The disturbances disappeared, the appetite improved, and the stools became regular.

CASE VII.—J. R., 21 years old, has suffered from chlorosis since two years. Status praesens: General lassitude, palpitation of the heart, a feeling of pressure in the stomach, difficulty in breathing; menses irregular as well as dysmenorrhea. In the last three months the disturbances have become more intense.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 22	4,250,000	30	52.	Pepto-Mangan (Gude), one tablespoonful three times daily.
August 26	4,350,000	35	52.5	
September 5.	5,420,000	40	53.5	
September 12	5,300,000	50	54.	
September 18	5,350,000	55	54.5	
September 27	5,300,000	60	55.5	

The disorders have disappeared, the appetite is good, and the bowels regular; no anaemic heart murmurs.

CASE VIII.—L. N., 19 years old, complains of headaches, cardiac palpitation, vertigo; scanty menses.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
August 28	2,500,000	40	54.	Pepto-Mangan (Gude), one tablespoonful three times daily.
September 13	3,750,000	55	55.5	
October 1	4,300,000	72	57.	

The subjective disorders have vanished; menses more abundant.

CASE IX.—J. M., 16 years old, has suffered since two months with palpitation of the heart, dyspnoea, feeling of pressure in the stomach, vertigo, tinnitus, and headaches. There is a slight cardiac palpitation, with systolic murmurs and a venous hum. Anorexia and constipation are present. The menses have been irregular since a year.

Date.	Red Blood Cells in Cubic Millimetre.	Haemoglobin per cent.	Bodily Weight	Therapy.
September 2.	4,500,000	35	50.	Pepto-Mangan (Gude), one tablespoonful three times daily.
September 11	4,750,000	40	50.5	
September 20	4,850,000	50	51.	
September 29	4,950,000	55	52.	

Menses reuglar; bowels normal; no disturbances.

CASE X.—Z. F., 30 years old, had a miscarriage two weeks previously, with profuse haemorrhage. After a month's treatment completely restored to health, and an increase of weight of four pounds.

CASE XI.—A. N., six years old; rachitis and anaemia. Under treatment an increase of weight of two-thirds of a pound. Much better appearance.

CASE XII.—J. W., 30 years old. Pulmonary tuberculosis and anaemia. After two weeks' administration of pepto-mangan (Gude), an increase in weight of two pounds and an increase in haemoglobin of fifteen per cent.

CASE XIII.—K. L., 50 years old. Cancer of the stomach, cachexia and anaemia. During three weeks' use of pepto-mangan (Gude), the patient felt better, the appetite had improved, and there was an increase of weight of two-thirds of a pound.

CASE XIV.—A. B., 14 years old. Chlorosis; haemoglobin 40 per cent. After two weeks' treatment, haemoglobin 85 per cent.; disappearance of all disturbances.

CASE V.—F. K., 18 years old. Chlorosis; haemoglobin 35 per cent.; after two weeks' treatment 50 per cent.

CASE XVI.—E. J., 5 years old. Anaemia following scarlatina. After eight days' treatment with pepto-mangan (Gude) the patient developed a vigorous appetite, and recovered so rapidly that he could be discharged cured at the end of the second week.

Altogether, twenty-three cases of anaemia were treated with pepto-mangan (Gude), of which twelve showed a normal haemoglobin per cent. of the blood after fourteen days, five after three weeks, and five after a month. On the other hand, one of the patients who had hereditary trouble (her father having suffered from pulmonary disease) was discharged only improved, the blood, after two months' treatment with pepto-mangan (Gude) showing only an increase of haemoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginning.

Furthermore, two cases of acute anaemia after profuse haemorrhages were treated with pepto-mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further haemorrhage constrained him to stay in bed for another week. In the case of three women who had miscarried during the early months of pregnancy, and were making a very slow recovery from the resulting anaemia, I was able to obtain a complete recovery after four weeks' administration of pepto-mangan (Gude). In six other instances weakness and anaemia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of the high therapeutic value of pepto-mangan (Gude). Unpleasant concomitant effects and disagreeable sequelae were never observed during the use of the remedy. Eructations, pressure in the stomach and nausea were never noticed.

In conclusion I would say that pepto-mangan (Gude) is a valuable and reliable blood-building remedy, which can be recommended for general use appropriate cases.

The local application of adrenalin 1 to 1000 solution, to lupus has been found to be a valuable adjunct to the light treatment.

THE TREATMENT OF THE VOMITING OF PREGNANCY.

So common indeed is it for pregnant women to be subject to vomiting that it is put down in most obstetrical books as the most reliable symptom of the condition.

The vomiting is caused by some derangement of the nervous system but the exact or relative nature of this disturbance is not known. Treatment in many cases fails to bring about beneficial results, but this is in all probably due to a misconception of the therapeutic indications required in the case. Some physicians give the digestive ferments, pepsin, pancreatin and agents of that class. Manifestly this will afford no substantial benefit, but on the other hand these agents will do harm by establishing constipation. At times the vomiting is so protracted and the patient is unable to retain food on her stomach, and she becomes so weak and emaciated that abortion is resorted to as the only means of saving the patient's life. The interruption of pregnancy may sometimes be necessary but we have never seen a case in which this case was absolutely called for. The fact should never be lost sight of, that pregnancy vomiting very rarely persists longer than the fourth month of pregnancy. Often it will not persevere after the third month. This fact is attested by the best obstetrical observers, and should stand in the mind as a warning against any such course of action. Oxalate of cerium has for a long time enjoyed a reputation in the treatment of vomiting of pregnancy. When a pure specimen of this drug can be secured there is no reasonable doubt but that it will occasionally bring no good results. Its action in relieving the vomiting however, is not due to any action on the stomach. Its action is due to the impression made by this drug upon the nervous system. This is borne out by the fact that it has been given in nervous cough and in other diseases of the nervous system.

In treating the vomiting of pregnancy we should instruct our patient to eat the most digestible foods and avoid anything known to disagree with her under ordinary circumstances. The patient must also keep her bowels acting regularly, constipation and biliousness will render all the symptoms in a case much worse.

The remedy which has been found the most valuable in this condition has been Daniel's con. tinct. passiflora incarnata. This remedy is a reliable nerve sedative and equalizer of nerve force, and it allays nervous hyperaesthesia. It should be given in doses of a teaspoonful about forty minutes before rising in the morning and every three hours throughout the day. This will generally give the patient a feeling of composure and the stomach will not feel irritable. This remedy should be persisted in for some time, until in fact, the patient has ceased to have the vomitings.

Daniel's conc. tinct. passiflora incarnata besides its action on the nervous system, is also a mild laxative and diuretic. The action of the remedy in this way is particularly a happy one with pregnant women who frequently suffer horribly with constipation. The bloated appearance of these patients, and their brown discolored skin is generally due to the auto-infection of constipation.

Daniel's conc. tinct. passiflora incarnata has the merit of not losing its power by being taken for a considerable period as is the case with some drugs. Again the remedy does not produce any evil effects, or cast a cloud over the patient's future by establishing drug addiction. Too, the agent is non-poisonous and over-doses, or large doses are not in any case followed by death. In prescribing it is best to be careful to specify Daniel's conc. tinct.

passiflora incarnata as no other preparation of passiflora on the market is uniformly reliable.

MALTZYME.

Maltzyme is an excellent vehicle for iodides, creosote and other remedies. The following letter shows the results of such combination:

Malt-Diastase Co., Brooklyn, N. Y.
Dear Sirs: Some time ago I wrote you in regard to sending me some of your maltzyme, in order that I might mix with it a certain per cent. of creosote for use in my family (my wife). You very kindly sent me a quarter dozen.

In regard to its action would say: I added to the maltzyme and hypophosphites the creosote in the proportion of

Maltzyme with hypophosphites, 8oz.
Creosote, 2 dr.
Sig. Dessertspoonful after meals.

Now, as to its action: At no time has there been any regurgitation of the creosote. In fact there has been no gastric disturbance, as there has been with other preparations, and I have come to the conclusion that that is the only way to get the full effect of creosote. Another thing, there is a much better action of the stomach; digestion is much better than heretofore, all owing, I am sure to the effects of maltzyme. Yours very respectfully,

Wm. A. Baknum, M. D.
Danbury, Conn.

If there's severe pain stop it. For the severe pains of rheumatism, neuralgia, gout, sciatica and lumbago, as well as lightning pains of locomotor ataxia, there can be no quicker relief obtained than by the administration of antikamnia and heroin tablets.

BRIEF MENTION.

Statistics show that crime is diminishing, while frauds and swindles are increasing.

Newspaper reports show 25 deaths and 2500 injuries as the result of Fourth of July accidents this year.

Dr. Adolph Gehrman has resigned his position as bacteriologist to the city of Chicago and will hereafter devote his time exclusively to the Columbus Medical Laboratory of Chicago.

Abbott's saline laxative is a superior preparation. I don't believe there is anything better in the market. In my obstetrical practice it is O. K. I can recommend it highly.—C. M. H. Wright, M. D., Blaine, Ill.

Dr. T. W. Williams, of Milwaukee, has perfected an aphrodisiac lymph which has given some wonderful results in treating various forms of impotence. The lymph is made by the New Animal Therapy Co. of Chicago.

In many cases of severe neurosis of the stomach chloropepsoid gives quick relief, although it contains no morphine or even traces of any narcotics. This analgesic effect is due to its powerful digestive action on the contents of the stomach.

Dr. Hamilton Forline, of Chicago, has purchased the Western Springs Sanitarium, which he will devote to the treatment of chronic diseases with the Roberts-Hawley lymph compound. The sanitarium is admirably located

and is within thirty minutes ride of Chicago.

In surgery, Gray's glycerine tonic compound is used extensively by surgeons in placing the patient in the best possible physical condition to bear operation and thus avoid shock. It lessens the vomiting and other toxic effects of anaesthetics.

So far as my experience has been with sanmetto, in urinary troubles, it is one of the very best remedies we have at present. I recommend sanmetto in urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting the bed. I have practiced medicine over forty-five years.—A. D. H. Kemper, M. D., Sedgwick, Kans.

I have used bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding that a dose of from 15 drops to one drachm to be sufficient according to age and how often to be repeated. I have combined bromidia with papine where I wished to annul pain with excessive nervousness, the combination acting very happily also in bladder troubles. I use bromidia and papine very much in my family.—Chas. E. Quetil, M. D., Philadelphia, Pa.

Agurin, the new diuretic, is giving some good clinical results. It appears in the form of a white powder readily soluble in water, having an alkaline, bitterish taste and a feebly alkaline reaction. Destree was the first to employ it. Later Litten made some very careful experiments, and other observations by Ostrowicz are at hand. After a daily dose of 1.5 gm. agurin Destree noticed an increase of the quantity of urine from 1500 to 4000 c. cm.; Litten after 3.0 gm., an increase from 600 to 2000 c. cm.

Dr. Ralph St. J. Perry, of Farmington, Minn., has been elected to the chair of dermatology and genito-urinary surgery in the medical department of the University of Minnesota. The doctor, however, will remain a resident of Farmington, where he is conducting a private sanitarium, devoting one day a week to his lectures and clinical work at Minneapolis.

Dr. D. A. K. Steele, Surgeon in Chief of the West Side Hospital, of Chicago, and Professor of Surgery (P. & S.) College Ill. State University, says: I am greatly pleased with the results obtained from the use of the ambulatory pneumatic splint in a recent case of intra capsular fracture of the neck of the femur in an elderly woman. From a practical experience with the splint I think it is all that is claimed for it. The substitution of white ducking for leather is a decided improvement and really makes the splint an aseptic appliance.

The fifteenth annual meeting of the American Association of Orificial Surgeons will be held in Chicago, September 10th and 11th, 1902. A program is being made up of lectures and papers by the leading specialists and practitioners in rectal, genito-urinary and gynecological work, and in the treatment of all chronic diseases. The orificial surgeons are workers in the great field of the reflexes and the profession generally is every day being brought closer to a realization of the fact that the reflexes play a most important part in the chronic manifestations of disease. Papers and discussions will cover the entire scope of the work, preparatory, operative and therapeutic. H. C. Aldrich, M. D., of Minneapolis, Minn., president; Ralph St. J. Perry, M. D., of Farmington, Minn., secretary.

SOCIETY ECHOES.

AMERICAN MEDICAL ASSOCIATION.

The fifty-third annual meeting of the American Medical Association was held June 10-13 at Saratoga Springs, New York, with Dr. John A. Wyeth, of New York, presiding. One thousand four hundred physicians attended the meeting. The address in medicine was delivered by Dr. Frank Billings, of Chicago; the address in surgery by Dr. H. M. Sherman, of San Francisco, and that in state medicine by Dr. J. M. Emmett, of Atlantic, Iowa. In all 358 papers were read in the various sections of the meeting. The business of the meeting was transacted for the first time by the new house of delegates. The officers for the next year are: President, Frank Billings, Ill.; first vice-president, J. A. Witherspoon, Tenn.; second vice-president, G. F. Comstock, N. Y.; third vice-president, C. R. Holmes, Ohio; fourth vice-president, James H. Dunn, Minn.; treasurer, H. P. Newman, Ill.; secretary, Geo. H. Simmons, Ill.; trustees for three years, E. E. Montgomery, Penn., H. L. E. Johnson, D. C., A. L. Wright, Ia.; judicial council for three years (1905), Philip Marvel, N. J., Geo. Cook, N. H., N. S. Davis, Jr. Ill.; two years (1904), T. C. Martin, Ohio, J. B. Roberts, Penn., Christopher Tomkins, Va.; for one year (1903), F. H. Wiggin, N. Y., G. B. Gillespie, Tenn., D. C. Peyton, Ind.; oration on medicine, J. M. Anders, Philadelphia; oration on surgery, A. F. Jonas, Omaha; oration on state medicine, W. H. Welch, Baltimore. Next year's meeting will be held in May at New Orleans.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The National Eclectic society met at Milwaukee June 17-19 with a good attendance. The following officers were elected: President, J. D. McCann, M. D. Monticello, Ind.; first vice-president, R. C. Wintermute, M. D., Cincinnati, Ohio; second vice-president, J. V. Stevens, M. D., Jefferson, Wisconsin; third vice-president, M. B. Ketchum, M. D., Lincoln, Neb.; recording secretary, Finley Ellingwood, M. D., Chicago; corresponding secretary, N. A. Graves, M. D., Chicago; treasurer, W. T. Gemmill, M. D., Forest, Ohio. Next year's meeting will be held at Indianapolis.

NATIONAL ASSOCIATION OF U. S. PENSION EXAMINING SURGEONS.

At Saratoga Springs, N. Y., on June 9, was organized the National Association of United States Pension Examining Surgeons. On account of the large number of these surgeons and the peculiarities of their work, the desirability of such an organization has been felt for some time, and several suggestions have been made with this end in view, but no substantial progress was made until the meeting at Saratoga Springs.

The officers elected for the ensuing year are: President, Wm. A. Howe, M. D., Phelps, N. Y.; vice-presidents, Wm. H. Hall, M. D., Saratoga Springs, N. Y., Cyrus L. Stevens, M. D., Athens, Pa., Charles James Fox, M. D., Willimantic, Conn., G. Law, M. D., Greeley, Col.; secretary, Wheelock Rider, M. D., Rochester, N. Y.; treasurer, Charles H. Glidden, M. D., Little Falls, N. Y.

WISCONSIN HOMOEOPATHIC SOCIETY.

The thirty-eighth annual meeting of this society was held at Milwaukee May 21 and 22. The following officers were elected: President, Edward Everett, M. D,, Madison; vice-president, Adellon P. Andrus, M. D., Ashland; secretary, Milton A. Barndt, M. D., Milwaukee; treasurer, George W. Patchen, M. D., Manitowoc. The society meets next year at Oshkosh.

The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

CATHARTICS.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

Anybody can take a pill! Yes, provided they have the pill and the ability to swallow, but there is more included in this matter than the simple rolling of a pellet down the throat.

We were called up by telephone the other night and asked if a child could take too many pills. We replied, "That's altogether owing to what the pill contained, or was made of." We asked, "How is the child affected?" and the reply came, "Just as limber as a rag." "What pill did she take?" we asked. "One made at G." was the reply. Our advice was to call up the man who made it and find out its composition, then we could proceed more rationally.

The first rule in medicine is never to take or administer a drug unless you know what it is, and the second law is like unto it: No man has a right to keep secret a remedy that would prove of benefit to mankind. These rules are violated every day by men who make and sell and people who swallow patent nostrums. More, when a man takes a drug, he ought to know several things about it. First, its effect on the system; its method and time of administration and size of dose. Not only this, but he can know the particular portion of the human economy upon which it is going to act.

A great many people think that every pill must act on the intestinal system, producing catharsis, and many of them are not satisfied if they do not. Nothing is farther from the truth, but this calls to mind that department of medicine and we will say something of it, because it is a very popular branch of practice, most popular, and consequently most abused. Making a rough estimate, we will say that there are forty bushels of pills of purgative action taken per annum in this country. Again we will say that more people have ruined their health by this practice than by any other known cause. If an individual is going to take medicine he ought to know what he is about or let it alone.

Pursuing this inquiry we will say that cathartics or purgatives are drugs that cause a hurried evacuation of the bowels by direct irritation of the mucous membrane of the intestines or by setting up a flow of fluid from the tissues to the lumen of the bowels, causing an accumulation of fluid in them, in both cases causing increased peristalsis (their so-called natural movement). This latter action hurries the

fluid contents of the smaller intestine through the larger bowel so rapidly that absorption does not take place and consequently its contents are evacuated in fluid form.

Cathartics have their selective action. All of them do not act upon the same portion of the bowel. Those acting on the small intestine are calomel, castor oil, jalap, podophyllin, rhubarb, &c. Those acting on the colon are colocynth, gamboge, magnesium sulphate, citrate, &c. That influencing the descending colon and rectum, aloes.

Now if you know what part of the bowel you would influence, you can go at it in a rational way; but simply to gulp down a pill, pink or white, coated or uncoated, without due consideration of the effect to be produced, is the very acme of nonsense.

Cathartics have some other qualities that may be mentioned. Aloes, leptandrin, rhubarb, &c., are also stomachics. Aloes, colocynth, colchicin, podophyllin, &c., stimulate the liver. Aloes, castor oil, rhubarb and senna render the milk purgative.

Here is a patient of constipated habit, what ought he to take? A morphine pill, gr. ¼, would act nicely on him, would it not? Better try it and see. If not, why not? To the medical mind there is no trouble in understanding this matter, but to the laity it is a question not so easily answered. There is a wave-like motion going on in the bowel constantly, you can't feel it from the same reason that you don't feel your heart beat or notice ordinary respiratory movements. You are so accustomed to these movements that you do not notice their occurrence. It is said, to have a normal heart, stomach and bowels is not to know that you have any at all. Yet they can become painfully present at times. Taking into consideration this wave-like motion or peristalsis of the bowel—the motion of a gigantic worm crawling up over the contents, and has been called vermicular, meaning wormlike, and add to this the fact that the bowel secretes a fluid that keeps its contents moist, a thing greatly to be desired. Now, the drug morphine will quiet if not prohibit the motion spoken of, as well as prevent the secretion already mentioned. Thus you will see this drug does just what you do not want done and consequently is not the drug indicated. In order to successfully treat this disease we must know whether there is diminished secretion or peristalsis, whether there exists an atonic state of the intestinal muscles or not, or whether the trouble is in the small intestine, colon or rectum, hence we see that there is something more to know or do besides just to "take pills."

The administration of these drngs demands much judgment. They should be given on an empty stomach, their action being rendered thus more prompt and certain. Their efficiency is enhanced by exercise and diminished by sleep, so to take all your pills at night might not be exactly the right way. The action of cathartics is promoted by the addition of small doses of emetics and quinine, quinine especially strengthening the action of salts.

The portion of the alimentary canal to be acted upon is important. If you wished to act upon the small intestine and should give aloes you would get results, but not from that portion of the bowel. Calomel or podophyllin or both would be the proper drugs You may study this phase of the subject in a former paragraph. The time of administration is a matter of some consequence. The resinoid purgatives act better when taken at night, or before dinner. The salines (salts) act best when taken before breakfast. Salts should be taken in very cold or hot water.

TO REMOVE SCALES FROM THE COLON.

By Ralph St. J. Perry, M. D., Farmington, Minnesota.

If you use hard water in a steam boiler the tubes become clogged up with "scales," if you burn coal in a stove the fire pot becomes coated with "scales," if you pass feces through a colon its walls become coated with masses of adherent dried feces corresponding to the "scales" of the boiler tubes and fire pot. So long as water is used in boilers, coal burned in fire pots and feces pass through colons these sequelae of the economic processes can be expected. Boiler tubes can be cleaned by means of scale removing compounds, fire pots can be cleaned by burning oyster shells therein and colons can be cleaned out by a process about to be described.

There are thousands of persons trotting or rather dragging around this world with their colons so badly clogged up with adherent feces that life becomes a burden not only to themselves but to all of those thrown in contact with them. Many a poor fellow has committed suicide who could have been remodeled mentally and developed into a useful citizen had his colon been given a thorough cleansing. There seems to be a reflex relation existing between the colon and the brain which develops a meloncholia in chronic colonic disease—so frequently has this relation been noted that the colon has been dubbed the psychic seat of suicidal tendency.

To remove the "scale" from the colon the following paraphernalia is desirable.

Large fountain syringe or other suitable irrigating reservoir.

Cole's sigmoid irrigator, or a suitable substitute therefore. Cole's instrument can be bought for one dollar, but a satisfactory substitute can be easily made at an expense of a few cents of material and two dollars worth of time. With some of us who have a weakness for tinkering, a few hours time in fixing up home made tools is considered as beneficial in keeping us out of mischief. So here goes for the substitute: Take the female tip of the fountain syringe, the one with three or more holes in it; between two of these holes cut a shallow connecting groove at the proximal end; drill or burn two small holes through the shoulder of the tip; now take a piece of small copper wire, double it, pass the two ends through the two holes in the distal end (which you have connected by the groove) and cut at the proximal end; draw the wire tight so the loop is buried in the groove and then pass the two ends through the two small holes burned or drilled in the shoulder; finally twist the two ends of the wire together after having drawn it up snug and tight. If you wish you may solder the ends together after twisting them. By slipping this prepared syringe tip into the open end of a goodly sized rectal tube you have an A No. 1 colon or sigmoid irrigator through which you can pass an electric current without getting the effect of the electricity upon the sphincter muscles. To facilitate connecting with the battery a connecting post can be attached to the twisted ends of the wire.

A good faradic battery.

A rubber covered hard cushioned couch, or in lieu thereof, a kitchen table, a hard mattressed bed, or even the floor. Also a hard cushion or pillow to place under the hips, or a large book. If you have no rubber cloth use a piece of table oil cloth or a Kelly operating pad.

One capacious commode.

The modus operandi: Strip the patient of all superfluous clothing below the waist—in cold weather let him, or her, retain the underclothing, shoes and stockings, in summer strip him

to "the buff." Lay him on the couch, elevate the hips at least six inches by placing the pillows under nates, anoint the irrigator with soap or glycerine (not vaseline or oil) and pass it into the bowel at least ten or twelve inches, open the clamp and let your irrigating fluid run.

As to the irrigating fluids there are several; each calculated to meet different conditions and to perform certain tasks. Those which I have found most useful in my work here in my sanitarium are cotton seed oil, crude oil, white rose neutral oil, soapsuds, normal saline solution, distilled witch hazel, the Rochelle-turpentine mixture and plain hot water.

When one of those old chronic cases comes in where defecation has become one of the lost arts, where the lumps of adherent dried feces can be felt through the abdominal walls and where it takes a dozen pills or a quart of "tea" to bring about an evacuation, I set the victim in the proper attitude and run about a pint or two pints of oil into the colon and follow it immediately with all the hot water the colon can hold. The water floats the oil along until it finally reaches the lower end of the ascending colon, completeing the circuit of the horse shoe. The colon is the scenic feature of the alimentary route, the grand horse shoe bend and the scene of more troubles than most any other portion of the canal. Within a short time a little of the oil and most of the water will come away; some of the water is absorbed and most of the oil remains in the colon, soaks into the dried feces and mucus, lubricates the passage and prepares things generally for the grand movement of old stock that has been kept in hot storage for weeks and months.

After you have flooded the colon, filled it chock full, attach one cord of your faradic current to the irrigator and the other to a wet pad placed over the abdomen, turn the current on gradually, giving the patient all he can stand. At the same time knead the colon, and shake up the abdomen vigorously by placing one hand on either side and vibrating them rapidly but not too roughly. The electricity will induce muscular activity—I have frequently seen the contraction jump the electrode clear up in the air—and the manual vibrations and kneading tend to break up the adhesions existing between the colonic walls and the fecal accumulations.

These treatments should be repeated daily until you are thoroughly satisfied that all "scale" has been removed and that the colon is clean. In addition to the fecal masses you will notice in the stools small yellowish or brownish masses of dried mucus and possibly the white, stringy debris of a mucus enteritis. More than once I have had worms come away from patients who never dreamed themselves guilty of entertaining company of that sort. My experience is that it requires not less than one week of this treatment before the house cleaning is an accomplished fact and the patient is ready for whatever other treatment is in store for him.

A few words on the subject of oil: Most "book authorities" advise us to use injections of olive oil; all pharmaceutical authorities tell us that nine-tenths of the olive sold is nothing but cotton seed oil. Why not save money by buying cotton seed oil as cotton seed oil instead of paying a fancy price for the false colors. My curiosity led me to search for a thin, bland, harmless oil which I could use instead of cotton seed oil at a less cost. I found it in the White Rose neutral oil of the Standard Oil Co., costing about twenty-five cents a gallon. It is satisfactory. I have also found the crude petroleum a most excellent cleanser. There is something about crude oil as a detergent that passeth understand-

ing. I have used it for ulcers and cancers and it beats anything I have yet struck in my twenty years of checkered career. By way of caution always cleanse thoroughly in alkaline water your syringe and rubber tubes after using oil, for oil rots rubber.

Sometimes cases come to hand where the oil treatment as just detailed fails to start the balls a-rolling. Then I resort to the following:

℞ Sal. Rochelle, ℥iv.
Glycerine, ℥iv.
Ol. turpentine, ℥i.
Aqua q. s., usually Oii.

This solution is almost guaranteed to move heaven and earth, and to bring about an evacuation with a suddenness that will make the most lethargic rectum gasp with astonishment. Its use may cause some pain and smarting, some griping and groaning, but the groans will change to sighs of relief as the patient feels the burden of his bowels roll away. More caution: Don't use this treatment unless you have all necessary receptacles close at hand ready for instantaneous use.

After the use of these "starters" comes the "follow up system." Don't be sparing with your water. Should the patient feel as though he wanted to donate again the same day and yet be troubled with a little rectal stinginess, encourage him with another irrigation, this time using plain soap suds—not too strong, but just a nice pearly iridescence to the water. Should there be much tenderness or soreness in the colon, sigmoid or rectum add some distilled witch hazel to the irrigation. Should the treatments cause a weakness or faintness, as they often will in old chronics and neurasthenics, use a normal saline irrigation. Where there is neither pain, soreness nor weakness, where the movement is secured with very little encouragement, use plain hot water. And, by the way, everything put into the bowel should be warmed to at least body heat, and a temperature of 105 degrees F. is frequently beneficial.

DANGERS ATTENDING EXTRA-UTERINE PREGNANCY.

WITH THE REPORT OF A CASE.

By Oliver B. Bush, M. D., Cairo, Ga.

Extra-uterine (abdominal) pregnancy is strictly a very rare occurrence, and when such a thing does take place it is attended with the greatest danger, almost as great as tubal pregnancy. When conception (if we might term it such) first takes place, it is not attended with any very great difference of symptoms to that of intra-uterine pregnancy, but as the term of gestation proceeds the dangers become greater and continue to grow greater the further advanced pregnancy becomes. Now, as to some of the dangers of such pregnancy. The most imminent dangers of extra-uterine or abdominal pregnancy during the life of the fetus, are: Laceration of some of the internal viscera and suppression of the urine by pressure. After the death of the fetus (which is almost always the case, before full term of gestation takes place,) septicemia peritonitis. Pain in the back and metrorrhagia, which sets up, are some of the symptoms, of a full term of gestation being had. It is by no means an easy thing to diagnose. A case of extra-uterine or abdominal pregnancy, and the difficulties that are always attendant upon the diagnosis of such case, are very generally fatal to the mother. This is another danger which must be placed in the decalogue of dangers attendant upon a case of extra-uterine or abdominal pregnancy.

On Friday (I think), June 11th, 1900, I was called to see Mrs. G. W. S. I found her, as the old women call it, "flowing to death." I found that the decidual membranes were among the discharges. She suffered with severe abdominal pains. This, together with a soft and uninhabitated uterus (as an investigation with a sound proved) and the position and prominence of the child were more of the prominent symptoms. At times the pains became so great that they were almost unbearable and the patient became so very weak and exhausted, until I came to the conclusion, after repeated efforts to relieve the pain and failing to do so, that an operation was the only recourse. I therefore consulted with the husband, and after securing his consent for the operation to be made, I dispatched a messenger for two other physicians and set about getting my instruments ready for the operation, but before I could get them ready and before the arrival of the other two doctors, the woman went off into convulsions. I gave a dose of morphine and strychnine, hypodermatically, and began the moderate use of chloroform, and succeeded in controlling the convulsions after she had had the third one.

The doctors came in and after a hurried examination and a consequent hurried consultation, they agreed with me as to my diagnosis and proposed manner of treatment. After anesthetization we placed her on the operating table and performed laparotomy. The child, along with the placenta, was delivered and the mother made an uneventful recovery, save a fever of 2 degrees F. for two days, and I am inclined to think that this fever was due to thoroughly constipated bowels; at any rate she was up, in the room, in twenty-three days.

The child was dead and putrifaction had set in.

The above case is taken from my obstetrical record of 1900, and I will thank any of the readers of this article to relate any experience they may have been so fortunate (?) to have along this line.

PATHOLOGY OF WILLFUL AND ACCIDENTAL ABORTION.

By R. L. Ford, M. D., Livermore, Ky.

We will first notice what takes place in accidental abortion. Through some known or unknown agency the growth of the ovum is interfered with. The moment this takes place the blood vessels in the placenta undergo changes and the blood supply is cut off. When this happens, cell death takes place between the uterine wall and the placenta, which prepares the blood vessels of the uterus for closure as soon as it is emptied. All of this takes place, as it were, in an aseptic condition, for the air has not yet entered the uterine cavity and when the uterus is emptied the placenta comes away entire, consequently less danger of septic trouble than willful abortion. In willful abortion we notice what takes place. The first thing, as a rule, is the entrance of a probe, lead pencil, or some other dirty instrument, letting air in along with bacteria. If not introduced with the instrument it may be from the vagina, hands, clothing or the air. In from a few hours to five days contraction comes on forcing out the contents, lacerating the placenta, leaving the tufts firmly attached to the uterine wall, which undergo decomposition, septic absorption, and the many evils following. So we can readily see why so many more cases of septic troubles follow willful than accidental abortion and why they demand more especial attention.

PRACTICAL EXPERIENCE.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

OBSTRUCTION OF BOWELS.

Monday forenoon I was called in haste to Mr. P., an Italian aged 30 years. He complained of pain in the right iliac space and pain extending around on the right side to the back. He boarded at the hotel and was a single man. Conveniences for treatment were mostly absent; it was more or less difficult to communicate with him owing to his ignorance of English and my ignorance of Italian, while the patient himself was noted for his oddity and obstinacy. I began treatment with an enema and ten grains of calomel. I left tablets of hyoscyamine $\frac{1}{250}$ grain, to be taken hourly, and strychnine sulphate $\frac{1}{40}$, to be taken every three hours.

In the first twelve hours I found that little of the hyoscyamine and strychnine had been taken, although the patient had imbibed freely of liquors, rendering his stomach irritable and his brain addled. I gave him an ounce of sodium phosphate in drachm doses and made him retain about two drachms of the same. During the night and until the next noon he took little if any of the medicine. He was beset with quite a few chattering visitors who applied a flax seed poultice. At noon another enema came back clear and I gave six grains calomel and tried to impress upon him the danger and the importance of his taking the other treatment. A confinement kept me busy until 10 p. m., when I learned that at 8 p. m. he had sent for me. I found temperature running up to 120 degrees and pulse 100, with considerable pain.

He had taken no medicine but I prevailed upon his room mate to give him the hyoscyamine $\frac{1}{250}$ hourly all night. I saw him next at 10 a. m. and there was no change except temperature was 102½ degrees. I talked operation, then made him swallow 40 No. 1 capsules filled with sodium sulphate. He would now take medicine and do as told. Hyoscyamine was making his mouth very dry. At noon I gave him about two ounces of olive oil per rectum and he held it for two and one-half hours and it then came away clear, and by 4 p. m. he had swallowed all the sulphate of soda capsules without vomiting one.

At 6 p. m. the bowels acted vigorously and at 8 p. m. he was still busy and free from pain. Pulse fell to 80 and temperature to 99 degrees and only a trace of pain remained.

The next day he was a little weak but in four days he was as well as ever.

Now, possibly a critic may say I should have had a trained nurse in this case. Well, as no one was to be procured, that was out of the question. When the patient was in great pain he wanted a doctor but when he was easier he had no use for him until greatly alarmed at the last. It is easy enough to give orders against the use of intoxicants, for instance, but it would have been and was, energy wasted. The man got well and managed to make his bill three times as large as it would have been had he obeyed directions.

Cases like the above are frequent, but to a busy country doctor they are quite straining at a busy time.

APPENDICITIS.

Let me have a word to say against the murderous methods of fooling with appendicitis. The other day three of us consulted. I said appendicitis, they said ? ? "diagnosis" and bosh. The family became worked up by my positive diagnosis and in thirty-six hours operation showed appendicitis and general peritonitis. He lived, but it was a close call.

Again, at first call, found Mr. A,

aged 20, with appendicitis; he had passed over perilous attacks without operation. I could have operated, but practice was rushing and prospects for pay poor. However, there was money in the family, but no one had the gumption to plank down $100.00 as an inducement, and, feeling that with operation the prospects for recovery would be poor, I used my energies to move the man to another M. D., who operated for the love of it. The operation came off and the man died. When a country M. D. operates on appendicitis and loses his man he loses the bill as well, besides a lot of present practice, and to some extent his reputation is defaced. The way to do when you diagnose appendicitis is to be positive —if you are wrong there is not much harm done. Then operate yourself if you don't like the job, if it is good pay, but if it is not good pay hunt up one of these fellows that operate for fun and present him the case with your compliments. In my early years of practice I saved many an appendicitis patient from an operating bill and collected a little $15.00 myself with difficulty. I know a man who had neglected to pay his family M. D. for years, but when it was necessary for him to go to a hospital he coughed up and the family M. D. whistled. Now this was the fault of the M. D. mostly: Some months ago my bill for appendicitis was $150.00—surgical—well, I got $45.00, which just paid my wife for nursing the patient. Let the country M. D. say "pay in advance" and the family calls him a "heartless wretch," but the big hospital can make this demand and it will signify respectability." As I said above, I have a few white hairs in consequence. The strain of such practice is too hard on the doctor for it can be avoided and it encourages the delay that will ultimately bring about an untimely end. When the family can put up the money for an operation and a M. D. deliberately treats a case of appendicitis medically or fools away half a century, "Diag-nosing," there is something that conscience should kick up a ruction about, sometimes.

DIFFICULT LABOR AFTER BIRTH OF HEAD.

Last evening I confined Mrs. H, aged 40 years, 8th child, Italian. Things went slow but sure until a large head was born, the perineum holding its own admirably, but with the birth of the head the pains stopped. I continued to draw the shoulders out and thought all was coming O. K., when I found in spite of all reasonable efforts the hips of the child would not pass the vulva. I did not get excited and yank an arm out of joint, but I called upon my wife, who is my constant assistant in obstetric practice, to get hold just below the shoulders, while I slipped my fingers inside the vulva as far as possible; the tension of the vulva being vice-like; and circuiting the body of the child with my fingers just above the hips I applied my strength with that of my wife in concert and we pulled—yes, we did pull!—while two stout Italian women held our patient by the shoulders, for her 112 pounds of weight was but a trifle compared to the force we were obliged to use. Not a pain assisted us and that vaginismic vulva held on like grim death to the small of that baby's back. At last something had to give. The child was born. The clock struck nine. Artificial respiration, hot and cold water, did the rest and today that twelve pound baby and 112 pound mother are all right. Had intelligent assistance not been at hand it would have been necessary to have incised the perineum in order to have withdrawn the child, which goes to prove that it is sometimes highly convenient for a doctor to train his wife as an assistant.

HINTS.

Veratrine or veratrum viride is the best agent we can use in acute mania, but we should never forget to clean out the bowels thoroughly in these cases, preferably with podophillin.

Blisters over the precordia cut short the cardiac complications of rheumatism.

Safe diet for typhoid is milk, raw eggs, jellies, soft boiled eggs, arrowroot, barley water, custards and meat juices.

The want of an object in life plays havoc with health.

Alternating medicines is a hardship upon those in care of the sick and has never seemed necessary in my experience.

I think the metric system is an abomination. It never was made to fit the Yankee mind.

DEATH RATE IN AMPUTATIONS.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

The danger of death after amputations depends chiefly upon the character of the injury and the location of the line of section. The prognosis becomes grave in proportion to the exhaustion of the patient as a result of hemorrhage, shock, sepsis or any dyscrasia or intercurrent disease.

As to the line of section, there are practically no exceptions to the law, that the rate of mortality is proportionate to the diameter of the part divided and, the proximity of the section to the trunk. Thus, amputations of the lower extremities are more fatal, as a rule, than those of the upper; those of the hip more fatal than through the middle and lower third, or through the leg, while the same comparison holds good from the shoulder out. As to the age of the patient, it may be said that the death rate gradually increases with each decade of life.

Operations of expediency when properly performed, may be considered as practically free from danger, for the reason that the general condition of the patient is good and the section through clean and healthy tissues. Amputations after non-malignant diseases, such as destructive arthritis and osteitis, are comparatively free from danger, provided that general sepsis and consequent exhaustion have not occurred prior to the operation. Amputation necessitated by malignant neoplasms, are especially dangerous only in proportion to the degree of malignancy in the tumor, together with the general deterioration of the tissues as a result of the prevailing cachexia.

Amputations are much less frequent now than formerly, and there is little doubt that in the present rapid advance in the science of surgery and the great perfection in its art, the time is not far distant when amputations for other cause than gangrene, will be comparatively rare. To the consummation of this hope, the education of the laity becomes the first duty of the practitioner. Very few deformities would lead to the necessity of amputation if in their incipiency the services of a skillful surgeon were secured. And this is equally true of those lesions of the joints and bones for which the necessity of amputation would be exceptional if at the earliest symptoms of disease the proper treatment were instituted. Even when from neglect extensive necrosis or destructive arthritis shall have occurred, exsections of the diseased tissues should always be preferred to amputation, notwithstanding the shortening which may result for a stiff joint and a short limb capable of even limited motion and body support or function, is far

better than the most perfect prosthetic apparatus.

Malignant or non-malignant neoplasms often unnecessarily lead to amputation when an early and wide excision of the growth would probably have arrested the disease and saved the limb. In cases even of doubtful diagnosis in the early days of the appearance of the tumor, the benefit of a doubt should be given to the ultimate safety of the part.

As to the propriety of performing an immediate amputation after an injury, it is exceedingly questionable. The conditions which would justify this practice will rarely prevail. Even primary operations should be exceptional in this age when the value of drainage is so fully appreciated and the danger of sepsis diminished by the faithful employment of that cleanliness which is found in the antiseptic method. In extensive lacerations of the soft parts and fractures of bone, the indications in treatment entitled to the first consideration, may be stated as being arrests of hemorrhage by the catgut ligature, or direct pressure through drainage, iodoform and sublimate dressings, fixation of the part—usually in an elevated swing with constant irrigation as a last resort. If, despite all these precautions septicemia occur or gangrene result, amputation will be necessary.

The first general law in performing an amputation should be that no more of the member should be removed than is absolutely necessary for the safety of the patient. Any exception to this rule will be given along with the special amputation to which it may apply, while it is always desirable to make an amputation wound through healthy tissues, it should not be done at the expense of the part involved, as flaps made through healthy tissues heal readily and offer no element of danger to the life of the patient when properly drained. In making an amputation, no matter what shape the incisions may take, the point of first importance is that the soft parts which are to form the covering or hood for the bones, should be long enough to be free from tension after the sutures are adjusted and the dressing completed. It is always wise to err on the safe side and make the flaps a little too long than too short, as it is an easy matter to trim them down to the proper length. In doing this some allowance should always be made for the additional retraction which occurs after the tourniquet is removed and consciousness restored.

While the rule just given, namely, to have plenty of flap, is essential, it is scarcely of less importance to guard against all interference with the nutrition of the integument which covers in the stump. To this end, rough handling and the employment of strong and irritating solutions should be avoided. In general, that flap will unite most readily and prove most satisfactory in the formation of which the normal relation of the skin to the subcutaneous soft tissues is least disturbed. It is always preferable to divide the skin, muscles and other soft tissues squarely across and obliquely, as must of necessity be done in forming flaps by transfixion. The solid flap method is applicable to most amputations in patients of slight muscular development and with little or no subcutaneous areolar tissue, for a closely dissected skin-flap in this class of cases is objectional on account of the danger of sloughing. When the soft tissues at the line of section are very thick, and the integument well guarded by a fair quantity of underlying fat, the solid flap will be found objectionable, and flaps composed of skin and subcutaneous tissues down to the deep fascia preferable. The circular skin-flap, or some modification of this method, will be found in general most useful and satisfactory.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

DYSENTERY.

By Dr. B. Walker, Spondon, Eng.

November 16—Mrs. G. came to me at 9 in the evening in great distress about her daughter, twelve years of age. She had been absent from home all day, and on returning she found the child suffering from diarrhea, the stools containing blood and mucus. I found it was a case of dysentery. Face flushed; pain and tenesmus of the abdomen; pulse hard and frequent.

Prescription — Hyoscyamine, one granule every quarter of an hour until the pain ceases. Tannic acid, two granules after each stool.

November 17, I found the patient very well. After the third granule of hyoscyamine the pain had ceased. The bowels had been moving this morning, no blood or mucus.

Prescription—Arseniate of strychnine, six granules in the course of the day, one at a time. On my visit two days later, the cure was complete.

This patient was actually cured of dysentery by four granules of hyoscyamine. Two years ago I treated another patient for dysentery, according to the ordinary practice, with ipecacuanha, opium, etc., and she died on the sixth day, which she certainly would not have done had I been acquainted with the dosimetric granules.

ALKALOIDAL NOTES.

By C. E. Boynton, B. S., M. D.
Los Banos, Calif.

Calcium sulphide is of undoubted value in tuberculosis. It is safe to give it in all pulmonary diseases and in so doing we will find that our past patients are not falling victims to the Great White Plague.

The dark urine of arbutin is not a toxic symptom it is due to hydrochinone, thus arbutin should not be given with salol.

Give arbutin in urinary catarrh, for fetor, dribbling, imperative desire to urinate, also for dyspepsia, etc. The maximum dose is fifteen grains per day, or one-sixth grain every one-half hour.

Since I have used calcium sulphide and protargol in gonorrhea, patients get well so easily that they question having had the disease at all.

Since calcium sulphide I've used I never see
The gon. at his glorious game of chordee.

ERGOTIN.

Ergotin is one of the remedies which the dosimetric practitioner often finds necessary. The standard granule contains one-sixth grain. The ergotin, so called commercially, is not the alkaloid ergotine but a purified aqueous extract, which, in a concentrated form, presents the medicinal virtues of ergot. Ergotin represents the combined action of the active constituents of ergot which are ergotine, an amorphous alkaloid, ecboline, an amorphous alkaloid, ergotinine, a crystalline alkaloid, sphacelotoxin, a non-nitrogenous, unstable body believed to be the active agent in contracting blood vessels, cornutine, an alkaloid. Ergotin has a desirable therapeutic effect in many cases because of its well-known action of contracting the blood ves-

sels and its contractile effect on the uterus. Solt, of London, has recently reported his experience with ergotin. He regards it as a very valuable therapeutic agent. The following is an abstract of his report from the Charlotte Medical Journal:

He always uses ergotin in his practice in preference to crude ergot, as the latter is so uncertain. The chief property of ergotin is that of exciting contractions of the uterus. Under the influence of the ergotin the flabby, softened, diseased uterus contracts. Its walls become thicker, firmer and drier. The lymph spaces become smaller. The relaxed bloodvessels also contract. The edematous soaking of the tissues that precedes the entrance of disease germs can no longer take place. Protection is therefore afforded against the entrance and development of such germs.

By small doses of ergotin powerful spasmodic contractions of the uterus are never set up, but normal contractions. They begin in the extreme periphery of the uterus, even in the adnexa, and pass to the cavity of the uterus. The contraction hastens the exudation of the lochia and also of necrosed tissues. After the contraction the uterus does not dilate again so much as before. It cannot take up so much fluid as before, since the superfluous moisture has been expelled by the contraction. Given prophylactically ergotin protects the uterus against infection from without, and from wounds of the vagina, perineum, and rectum. Naturally the temperature falls also when absorption is prevented. The author also gives ergotin in all cases associated with inflammation and suppuration. In infected suppurating wounds, abscesses, abscesses with pyemic or septicemic symptoms, he gives ergotin in place of alcohol. The patients feel better after two or three days and the appetite returns.

Ergotin has tonic and strengthening properties. The organism disposes of the poisonous materials more readily under its influence, and later on the fewer disease germs are more easily disposed of by the phagocytes.

He would therefore give ergotin before all operations, and in all cases of fever with exhaustion. During the past seven years he has treated about thirty cases of puerperal fever with ergotin, giving it all through the illness. All the cases recovered with a rapidity he had never before observed. In all cases when the labor has been normal the writer gives ergotin two or three times a day.

ALKALOIDAL GLEANINGS.

Strychnine valerianate is sometimes valuable in the treatment of hiccough.

Waugh recommends condurangin in the treatment of cancer. It is worth trying.

Yohimbrin is giving some promising results as an aphrodisiac. It is given in doses of $\frac{1}{12}$ grain in granule or tablet form.

A good treatment for dysentery is emetin, at frequent intervals, sinapism to epigastrium and abstainance from food or fluid for a number of hours.

Valuable remedies in the treatment of cystitis, one granule of sodium benzoate or benzoic acid. The small granule frequently repeated does the work.

A good treatment for acute pulmonary edema is atropine gr. $\frac{1}{100}$ every half hour or hour until pupils begin to dilate, then strychnine $\frac{1}{134}$ every hour.

Remember calcium sulphide in pertussis; it is a great remedy in this disease. A granule every hour until the patient is saturated with it, which is known by the sulphuretted hydrogen odor of the exhalations of the skin and respiratory passages.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

THE PULSE IN EARLY PULMONARY TUBERCULOSIS.

Dr. Edward F. Wells says: "A study of the pulse will afford some of the earliest indications of the existence of pulmonary tuberculosis. From the start, the characteristics of the pulse are changed from the normal. Usually the pulse is accelerated and the rate modified very little by position. The latter feature is very suggestive, and whenever the pulse is found to be practically the same, whether the patient be lying, sitting, or standing, the most careful scrutiny is demanded." This might be of great importance in examinations for life insurance, for we could be enabled, by this means, to weed out, or at least view with caution certain cases which ordinarily would escape detection. To reject an applicant, however, on this symptom alone would be unfair.

THE PRACTICAL VALUE OF BLOOD EXAMINATIONS.

When an obscure country doctor has from his reading and personal observation formed an opinion and finds it afterward shared by some of the great men of the profession, he feels elated and perhaps a little inclined to crow. The reader may pardon the writer, if, to bolster up certain views given by him in the last number of the Recorder, he quotes a few passages from a paper by the eminent surgeon, John B. Deaver, published in the Medical Mirror for May. The paper deals with the value of blood examinations from the surgical standpoint. Recognizing the general importance of the discovery of the hematozoon malariae in the blood of a patient, Deaver limits it by saying: "It has been our experience that the more irregular and atypical the case of malaria, the harder are the organisms to find, and therefore in a case where malaria is suspected a single negative blood examination should not carry any weight." Later: "In regard to the various pyogenic bacteremiae we may say that we have received very little practical benefit from cultures taken from the blood. In the first place, the results of such cultures are usually negative, except in such advanced cases that this method was not needed to diagnose the condition. In the second place, a careful bacterial study takes such a long time, that by the time the surgeon receives it the patient has often passed on to the care of the Great Physician; and the only object achieved is to file the bacterio logical along with the post-mortem to make the records of the case complete." He has not found serum examinations very useful, either. The Widal test for the positive detection of typhoid is about the only one claimed to be of value. Of this he says: "Sometimes in the first days of an enteric fever, the clinical picture very closely resembles that of acute appendicitis. At this early date the Widal reaction has not been established, and in practically all cases the clinical symptoms have made the diagnosis before the Widal reaction has become positive—it is in the cases in which the clinical symptoms are the most perplexing that the Widal reaction most often fails—a few patients without definite typhoid give a positive Widal reaction—after an attack of typhoid fever the blood will give a positive Widal reaction for an indefinite number of years." Many

surgeons depend on the percentage of hemoglobin to determine the operability of a case. Deaver does not attach such importance to the symptom. He says: "For an acute suppurative condition or after acute or chronic hemorrhages, operation for the relief of the condition may be undertaken—no matter what the percentage of hemoglobin; and we have records of several cases operated, with only from ten to twenty per cent. of hemoglobin that terminated favorably." He sums up a lengthy consideration of the variations of leucocytosis in these words: "The leucocytic count, although at times very valuable, is often very disappointing." Of the various blood examinations he says: "Even when successful it is hard to see with what benefit to the patient. We should like to place ourselves on record as being bitterly opposed to painful or disturbing examinations of a patient that do not promise him or her any benefit, but are made merely because they are interesting. Often too much zeal in scientific examinations has a very disturbing mental effect on a patient, and acts very much to his detriment."

Such testimeny from an acknowledged authority deserves attention. It is the young doctor in particular who should heed the advice. Don't forget the patient over the purely scientific aspect of the case! The Vienna school did it, aimed only at a thorough pathological diagnosis, rejoicing to see it verified post-mortem, and became responsible for the therapeutic nihilism which we have not yet outgrown entirely. No disparagement of scientific progress is meant—nobody could think of charging a man like Deaver with such intention—only a desire to show that modern means of diagnosis are nothing but adjuvants, useful in many ways, far from being infallible or indispensible.

Not long ago the assertion was made before a Brooklyn medical society that there were at the most twenty-five persons in that city, whose reports of a blood examination could be accepted as trustworthy. We must look on the statement as correct, since it was not challenged, on the contrary the discussion rather agreed with it and emphasized the need of leaving such work to the specialist. Thus the difficulty is increased for the general practitioner, the man removed from medical centres and laboratories. For him such modern scientific methods can have a purely academic interest, but little practical value.

OPEN AIR TREATMENT OF TUBERCULOSIS.

"Made in Germany," the trade mark well known in the industries and also in medicine and heartily disliked by many of our American physicians, applies to the rational hygienic treatment of tuberculosis which is being more and more widely accepted. Originated by a few medical enthusiasts, about forty years ago, the open air treatment of tuberculosis has slowly gained ground, until now sanatoria of the kind are numerous in Germany, with a marked decrease in the death rate from the disease. In our country a number of similar institutions have sprung up and the public is beginning to view them with favor. Massachusetts has been the first state to carry into effect the idea of state provision for the care of incipient tuberculosis in people of limited means. In 1898 a small sanatorium was opened in Rutland, Mass., which can show very gratifying results. If such could be obtained in the unfavorable New England climate, how much better could we not do in the northwest, Minnesota and Wisconsin. From a letter from Dr. Beckel of Sheboygan, Wis., we learn that he means to go before the next legislature to urge the establishment of such an institution for the poor somewhere in the salubrious lake region of Central Wisconsin.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. AUGUST, 1902. No. 8.

LABEL HINTS.

As thousands of physicians in this country dispense their own medicines, a few suggestions regarding labels are not amiss. A physician who dispenses should always put labels on his preparations, as it prevents mistakes. You can tell many people very carefully about the use of medicines, but they often forget or get mixed. A label with directions avoids all this. Gummed labels keep in good condition in most any part of the country, if properly cared for. A good quality of gummed paper should be used, and the labels should be properly printed. Labels should not be kept tightly tied together, but when received, should be untied and kept loose. If this is not done, if the atmosphere is damp, they are likely to stick together. Gummed labels should be kept in as dry a place as possible but if they are loose they will not stick together, although there may be considerable moisture in the air.

Labels can be made which will be very convenient and save much time. A number of our subscribers use labels which are especially useful.

Dr. J. S. Sprague, of Stirling, Ontario, has devised the following label:

> DIRECTIONS.
>
> Follow Directions No.....
>
> No. 1—One teaspoonful immediately after each meal.
>
> No. 2—One teaspoonful immediately before each meal
>
> No. 3—One teaspoonful every..... hours.
>
> No. 4—..... drops..... .....hours.
>
> No. 5—.....teaspoonful ....each meal.
>
> No. 6— ....
>
> ....
>
> ☞Take this mixture with water as directed and preserve this No..... .... in order to obtain a similar preparation if required.
>
> For..... ....Date..... .....
>
> DR. SPRAGUE, STIRLING.

Dr. C. E. Boynton is a man of original ideas as our readers know. This is one of his labels:

> DR. C. E. BOYNTON,
> LOS BANOS, CAL.
>
> One dose every.. ....hours before or after each meal and at bedtime.
>
> The dose being: { Teaspoonful. / Tablet or Granule. / Pill, Powder or Capsule. }
>
> This may be taken with water. A smaller dose may taken if effects are too strong.
>
> Take..... .... doses per day.

The writer finds a label like this a great convenience:

> J. P. THORNE, M. D.,
> EYE, EAR, NOSE AND THROAT,
> JANESVILLE, WIS.
>
> EYE DROPS.
>
> .....Drops in Eye.....
>
> ....Times Daily ....
>
> Every.....Hour.....
>
> USE A CLEAN EYE-DROPPER.
>
> No... ..... Date.....

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

ERYSIPELAS CURE.

A number of years ago I saw in the Virginia Medical Monthly the following mode of treating this trouble: Measure out 3 ten-grain doses of calomel, 3 twenty-grain doses of saltpeter. Commence with calomel and alternate every half hour till all are taken. Dissolve the niter in about one ounce of water. Children half the amount of dose. After it has acted well commence with muriated tincture of iron, usual dose, or the "acid iron tonic," made as follows:

One ounce each of muriatic and nitric acid C. P.; or nitro-muriatic acid two ounces, into which put ¼ ounce sulphate of iron; let stand 24 hours to digest. Dose as to age, 5 to 10 drops dissolved in tumbler of water, sweetened if desired, and to be used several glasses a day as a drink and as much as is wanted and in place of water.

I have used the above treatment for twenty odd years in all the stages of erysipelas, even when the parts have been swollen and blisters have formed. It seems to cut the whole paroxysm short and healing is facilitated. If taken when the trouble first appears, the spread of the inflammation is stopped in 8 or 10 hours and the cuticle scales off in 24 hours more. I am subject to attacks of the trouble on exposure, and prior to finding this treatment I came near dying in two severe attacks which spread all over the body, arms and legs, the head being swollen out of all resemblance to a head. Since finding the treatment I have aborted in myself three attacks at the start, and have treated with like good results twenty odd cases in others, from a few months to fifty years of age. I would say that in case the first course of calomel and salt peter does not check it, repeat every 24 hours. I have given the third course in one or two cases before I got the black stinking actions which (filthy bowels) is in my opinion the cause of the trouble. It is curious to me that in five attacks I have had it always starts on cheek or right side of nose and spreads at the rate of an inch per hour for several hours, then seems to go with a rush all over the body. It seems to be an idiosyncracy, as I have had several letters from parties who have had two to eight or ten attacks, some of them every spring or fall. I note, also, that the various "cocci" and "coli" are set down as causative of the disease. It looks to me that, there being a soil for its propagation, the bugs take charge and the disease proceeds. Jordan, in Munch. Med. Wochen. gives seven different bacilli as causative, and concludes: "The question whether the facultative pus producers such as pneumococcus, bacillus coli, and typhoid bacillus are capable of producing erysipelas in man is still an open one." We have herpes zoster which closely resembles erysipelas and which follows the course of a nerve, and I am disposed to believe that the poisoned bowels react on the blood poisoning it and the nerves of skin suffer in their turn —bugs to the contrary notwithstanding. It has been an idea with me that putrifaction would take place and go on in a sterilized atmosphere or one from which the insect life had been excluded.

Let me add in favor of the "acid iron tonic," as compared with the "muriated tincture," that the acid tonic does not separate on adding water,

does not discolor the teeth or mouth, and does not change color on standing, and that it is a perfect chemical compound.

DR. BEN H. BRODNAX.

Brodnax, La.

A number of our readers have requested the publication of this cure and we are glad to present it to our readers. Dr. Brodnax always writes from experience.

INFANTILE CONVULSIONS.

Some two weeks ago I was called to see an infant some six miles in the country. When I arrived I found the little patient, a beautiful little girl fifteen months old, having convulsions and was told that she had been suffering for some hours in that manner, having had some six or eight convulsions. I immediately gave her a teaspoonful Peacock's bromides and repeated in fifteen minutes. Moved bowels with enema of glycerine and warm water, and placed her in a tub of warm water as soon as it could be prepared. Put ice to her head, gave her ½ drop Norwood's tr. veratrum, $\frac{1}{32}$ gr. morph. sul. hypodermically. Also gave her ¼ gr. calomel, a few small doses of tr. gelsemium, ten drops in ½ glass water, teaspoonful every ten minutes. But the child died.

Second case. Was aroused this morning at 5 o'clock to go to see the infant child of J. S. that was having convulsions. I found a fourteen months old girl with a very hard convulsion when I arrived. I found respiration 60, pulse 170 to 180. temperature 104, which soon went to 106.3. I went through all the treatment of the other patient except the morph. sul. and I gave three grs. chloral hydrate at three doses, one gr. each, every 30 minutes and gave aconite (Lloyd's specif.) ten drops, water two oz., teaspoonful every ½ hour for three or four doses. I emptied the stomach with syr. ipecac of quite a lot of sour watermelon and milk and bread with some bacon. Moved bowels with enema, but in spite of all my efforts the child died.

What can I do to save my next little patient with the above conditions?

F. G. THOMASON, M. D.

Kissimmee, Fla.

INFANTILE CONVULSIONS.

In the treatment of infantile convulsions I give gelsemium fluid extract 2 to 4 drops and bromide sodium 2 to 4 grs. in water or syrup every 15 or 30 minutes until they go off; if they are very severe give chloroform by inhalation, a whiff or two when the convulsions are on, stop immediately when there is relaxation. Lobelia a few drops is a good remedy. Cold to the head and warm mustard baths to the feet is of great use to relax the system and bring the blood from the head and spine. This will always put a stop to the convulsions which is the first consideration, then strike at the cause. An enema acts well if the stomach and bowels are at fault and a factor in the trouble. After the convulsions are subdued laxatives and enemas are used, one or both. In place of calomel aud soda, castor oil with a few drops of paragoric or syrup rhubarb suits me. Passiflora incarnata is a splendid remedy and prompt and effective. This treatment will cure unless it is tetanus, and may cure this if continued.

E. C. ROTHROCK, M. D.

Tennessee Colony, Texas.

SEXUAL DEBILITY.

As no one, at this writing, has come to the assistance of our brother from Arkansas, who in the June number asks for help, I will venture to make a

few remarks regarding the case. A definite answer to the patient's question, whether he is sterile, can only be given by the microscope. This should also be used to determine the character of the discharge from the meatus, whether it still contains the gonococcus or not. What ahout the condition of the poor wife? Marriage and the last "attack" of gonorrhea have been dangerously near to each other. Successful management of the case needs a good deal of tact; it will have to be less medicinal than hygienic and moral. The man must give up the excessive use of tobacco, also alcoholics, and restrict sexual indulgence to a minimum. Have him take up a systematic course of baths, regular physical exercise and such work as will fully occupy his time and mind. If possible, instill into him a higher ideal than to be able to rival the sexual feats of a billy goat; make him see in woman something nobler than an instrument for the satisfaction of man's brutal lust. Medically, I should by all means try specific treatment, for I doubt if he was ever fully cured of syphilis. If the discharge proves to be gonorrheal, injections of protargol or potassium permanganate would be indicated; if it is only prostatic, then local baths are needed. Of course, general tonic treatment must go with all this. Should the man really be found sterile, the loss would be small. The nation is better off if such breed is not propagated.

H. Speier, M. D.

Rochester, Minn.

LIMITATION OF OFFSPRING.

I saw an article from Dr. Sharp in the New York Medical Journal, in which he says: "Every male who passes the portals of a state institution should be sterilized." I heartily endorse his theory and add more: Every male that contemplates getting married who is suffering from tuberculosis, syphilis, has a cancer, epilepsy or is addicted to drug habit, should be sterilized. Every male who is sent to state prison should be castrated, and further, every man who expects to marry a woman afflicted, besides the above conditions, if she is a prostitute, if she is hysterical, deformed or choreic, should be sterilized. My experience corroborates the doctor's. The proper method is division of the vas deferens; there is no bad effect and there should be no mortality.

R. L. Ford, M. D.

Livermore, Ky.

ENTERO-COLITIS.

This disease is usually caused by the mother's milk disagreeing with the child or if the child is not nursing by its food—improper food, eating too much, overloading the stomach; hot weather often is a factor by debilitating the system; impure water, impure air, are also factors in producing those untoward symptoms met with in this trouble. Food is retained undigested, fermentation and acidity ensue producing ptomaines in the intestines.

It is necessary to act on the small intestines so syrup rhei is given in doses of ten to fifteen drops every four hours until the stools change in color and consistency. If there is a sick stomach with vomiting, arsenite of copper $\frac{1}{2000}$, distilled water one pint, a teaspoonful given every fifteen minutes until it ceases. Ipecac ½ drop every ten or fiteen minutes is good; two drops nux vomica, peppermint water two ounces is also good for sick stomach, a teaspoonful every twenty or thirty minutes for vomiting. If there is fever aconite, spec. tinct. four drops, water four ounces, a teaspoonful every two or three hours until temperature is reduced. If there are symptoms of convulsions fluid ex-

tract gelsemium, two to five drops as to age, every three hours or alternate with aconite. If there are colic pains dioscorea villosa, two to five drops, essence peppermint eleven drops given every fifteen minutes in calamus tea until relieved. Chamomilla (German chamomile) ½ to one drop given in breast milk or in calamus. Colocynth tincture, ½ to one drop, repeated if necessary in half hour, will relieve pain and tenesmus. If blood streaks the stools, arsenite copper $\frac{1}{2000}$ grs., aqua one pint, teaspoonful every two hours until relieved. Injections often do good service, wash out with tepid water, then enema of thin starch eight ounces, tinct. lobelia eight drops. Sulphate zinc is used with great advantage, eight grains to eight ounces of starch, an ounce or two at a time. A poultice of flax seed meal, or corn meal sprinkled with turpentine applied to abdomen warm is of great benefit, relieves pain, flatulency, tympanitis, and is a great comfort to the little one. It should be renewed and continued until the child is better. Aromat. syr. rhei should be continued in small doses after the bowels have acted well. It corrects the acidity of the stomach and intestines and is a tonic laxative, with astringent properties and prevents constipation of the small intestines. If stools are watery, thin, greenish and involuntary, syrup aromat. rhei should be continued in doses to act on the bowels, then the arsenite copper used or coto bark tinct. one or two drops every two hours. Coto bark is a fine astringent. Calomel $\frac{1}{10}$ gr. one dose sometimes acts well if tongue is coated. If there is vomiting then ipecac in small doses and other remedies spoken of could be used. If stool is frothy, brown in color, offensive, small doses of borax one to two grs. every three hours, will correct this. Drosera (sundew) one to two drops is good. If stools are gray white, face of the child pale and cold, pulse quick, creosote ¼ drop in mucilage, a dose every half hour should be administered; saturated tinct. of camphor, ½ to one drop, is also good. A few drops of burnt brandy with water and sugar is very good. Blackberry brandy is good and a good article of port wine is of great advantage when a stimulant is indicated. We frequently use the sulphite of sodium, two to five grains, two or three times a day. Hyposulphites are also good in same dose. Sodium sulpho-carbolate in doses of one gr. every three hours is valuable. The sulphites and sulpho-carbolate of sodium and salol two to five grains, all are efficient. Non-irritating antiseptics are inhibitive of the germs of putrifaction in all putrescible fluids. If there is a coated tongue bryonia alba two to four drops every two or three hours, particularly if stools are grayish white. Bismuth sub-nitrate two grs., coarcoal two grs. when indicated acts well, a tonic alternative with all antiseptic properties. If indigestion is present, combine ½ to one gr. of caroid with the above every four hours. Caroid is much better than pepsin. Taka-diastase in one or two grain doses three times a day is also excellent. As a saline laxative I think phosphate sodium, one drachm in water every four hours until effect is had, is one of the best. Of course, medicine should be given as indicated only to meet pathological conditions. As little medicine as possible and having an affinity for parts or certain organs. In some cases we have prolapse of rectum, a cloth saturated in Monsel's solution, dilute, applied to the parts and retained by bandage will cure. It is absolutely necessary to diet the child or medicine or nursing will not cure it. Sterilized milk is good. Malted milk is a good diet. Rice and oatmeal are very good. Much starchy food will do harm, fermenting in stomach and bowels. As the child gets better, soups can be allowed.

Cold green tea will allay thirst; weak green tea is a good deal better than plain water.

E. C. ROTHROCK, M. D.
Tennessee Colony, Texas.

HYGIENIC HINTS.

"WEARING A SUSPENSORY."

I consider the use of the suspensory advisable for all men. This is the age of preventive medicine, and the suspensory is one of the best of preventive measures. This is shown by actual experience, as any man who has worn one for a fortnight will testify. The fact is one that cannot be gainsaid. It is not a fad or a freak, but a point in science embracing one of the grandest philosophical principles of any age.

It is nct necessary to be historical, or to cite any instance in substantiation other, perhaps, than that of the Russian soldiers, ridiculed because of their "bags", but notable for their physical capacity.

In order to fully understand the reason for this it is sufficient to understand some simple points about the anatomy of the testes. At an early period of life they are contained in the abdomen behind the peritoneum. Before birth they descend the inguinal canal, along which they pass, suspended by the spermatic cord, until they descend into the scrotum. In this course they become invested by numerous coverings, derived from the serous, muscular and fibrous layers of the abdomen, so that when finally they are in place they are covered with the skin, the dartos (a very vascular, loose tissue), the intercolumnor fascia (a thin membrane), the cremasteric fascia (consisting of scattered bundles of muscular fibres), a thin membrane, and the tunica vaginalis, or proper covering of the testes. These coverings are richly supplied with blood-vessels, lymphatics and nerves, while the spermatic cord is actually composed of the same. These nerves are all of anatomical and physiological importance, including no less than six different branches, as well as the most important of those of the spermatic plexus from the sympathetic nerve, that wonderful nerve so called because that through it is produced a sympathy between the affections of different organs. Ramifying through the substance of the glands and its coverings, and practically constituting the cord itself, it is patent that constant tension on the part of the contents of the scrotum cannot but be calculated to tire the nervous system. Indeed, there is no more serious mechanical strain in the entire system. Adding to this the nerve exhaustion due to the physiological use and abuse of the organs of generation, it goes without saying, and will be readily apparent to the most casual observer, that proper suspension effectually relieves the sympathetic nerve.

This relief is of momentous value in consideration. The sympathetic nerve is justly described as "the nerve of life." "Irritated, exercised or interfered with in one part, the affection is general and felt all through the sympathetic system." This system is, as a rule, well protected, but in the scrotum there is more particular exposure than in any other part of the body, and largely because of the tension constantly exerted. Indeed, the best physiologists hold that there is no more potent method of disturbance of vitality.

Although this is so well understood and appreciated, it has not been given the weight which it deserves. Observation seems to have stopped with castration. The eunuch's vital capacity increased has called attention to the item of procreation only, until—coming by way of Russia—it has been

reserved for the silk suspensory to show that a capacity of strength still greater than that of the eunuch, and without deprivation of procreation, is to be had by its use. It cannot be otherwise. Remove the strain and the entire sympathetic system is so relieved that the whole body welcomes an accession of vitality and tone which is most grateful. And not only the whole body, but individual organs feel the relief. The sympathetic, for instance, supplies the eye, stomach, intestines, liver and kidneys. The use of the suspensory is a factor in the relief of diseases of these organs, its use being followed by actual relief of iritis, dyspepsia, Bright's disease and other complaints. At the same time the whole system gains vigor, health and vitality.

It is therefore that I heartily advise the use of the suspensory. It adds to health and vitality. It is a factor in the treatment of many diseases. It influences to procreative ability as well. It is certainly a measure which deserves encouragement, and it is a pleasure to find so many medical practitioners advising its use. If this is the Century of the Strenuous Life it is duty and principle to welcome such a notable means of its encouragement.

A WORD AS TO AN INCIDENT IN THE SANITARY BATH.

Some years since I had the honor of presenting a paper on "Electricity in the Bath" before the International Congress of Balneology at its meeting in Berlin. Since that time I have had no little correspondence on the subject and on that which is cognate; and in the serial investigation which has thus become quite perennial, I have had every reason for substantiating the ground that excellent though the application of electricity in the bath may be made to be, the uncontrolled influence from the use of the copper-lined bath-tub may be pernicious in the extreme. This extremity may be so extended as to defeat the objects and purposes of hydropathic treatment, and may be so pronounced as to warrant interdiction of the bath-tub lined with copper or zinc, when such treatment is pursued. This is but in confirmation of Brand, Fox, Liebermeister, Jurgensen, Braun, and other hydrotherapists. Cold water—and, measurable, heated water—abstracts the heat of the body as the patient occupies the bath; and this is particularly so on the superficial surface. Thus the condition of the integral organs is affected through the nervous system in a more or less persistent degree. This is though an influence transmitted from the peripheral distribution of the nerves to the center and thence reflected throughout the system. A contraction of the arterioles naturally occurs because of the water effect; but through the insubordinate electric influence this may become a congestion, protracted to such an extent as to defeat the proper reaction which merits the name of tonic. Praecordial oppression may be experienced, and the conductivity of the tissues made strikingly manifest.

This is not by any means any brand new idea. It is just two hundred years ago (1702) since Floyer's "History of Bathing" was published, just one hundred years (1802) since Oertel revived hydropathy, and just fifty years (1852) since the new era in hydropathy was inaugurated. And Floyer, Oertel and Priessnitz each taught that there is liable to be "subtraction from the sum of activity," "a diversion of crisis," or "deflexion of reflex nervous action," "ensuing upon indefinite external influence." A new knowledge of electric agencies throws light on the manifest faults. It is therefore recognized that electric influence, insidious, subtle, and always more or less indefinite and indefinable, may prejudice physi-

ological laws; and as electro-thermo-therapeutics, may not qualify the most sanguine expectations.

In the discussion upon my paper, (as above referred to), it was urged that "a little lime in the water of the bath" would "obviate ill effects." Another suggested that "the best way was to bathe in the natural pools." Still another said that "inasmuch as the copper-lined tubs are against (?) health, it would be better to use the plain wooden tub." "Plain wooden tubs" are obselete, in America, at least. "Natural pools" have their drawback.

My idea of a perference is this:—Use the standard porcelain enameled tubs. To the arguments, well-known and well published—the insurance of free circulation of air, absence of moisture, cleanliness, freedom from germs, and the like—I would add this, freedom from electrical mal-influence. I have proven this over and over again. I consider these tubs the greatest and most important development in the perfection of baths.

Let me say parenthetically that Dr. Macpherson assures me that in giving galvanic baths, he "prefers to use your Yanky standard porcelain enameled tubs—for best, and unimpeded results."

I would strenuously insist on the exclusive use of these tubs, if for no other reason, because that it defends against any subtle electric action. I find my faith in hydropathy enlarged, emphasized, and intensified by their use. I would not treat lesions of the spinal meninges by hydrotherapy, and employ any other tub. I could give the history of a case taking hydropathic treatment, where water, cold and warm, was used in a copper-lined tub, with no improvement; and the same case showing remarkable improvement when the standard porcelain enameled tub was used. It may seem a little thing, but upon it there hinges a matter of the greatest radical importance. Alterations of sensibility—analgesia, hyperalgesia, peraesthesia—and neuralgic affections, especially sciatica, find in the employment of warm baths in a standard tub, a most notable relief.

Other treatment might be cited. They all go to convince me that the merits of the porcelain enameled tub should receive emphasis, and the copper-lined tub should be condemned.

WILLARD H. MORSE,
M. D., F. S. S.

Westfield, N. J.

THE SAGE BRUSH DOCTOR.

(Dedicated to Dr. Price.)

The sage brush path was dim to see,
The air was hot and dry,
I journeyed through the awful heat
And miles of alkali.

I found a little shanty town,
One singeing spot of green,
Thermometer in pocket stood
One hundred and fifteen.

A man was sick with fever
Beside the open door,
And temperature per rectum stood
Above one hundred four.

The men that write our text books
Are very wise, I own,
But here the sage brush doctor
Must sink or swim alone.

They take no note of alkali,
Of ice you can't procure,
Of no one near to help a bit
And water half manure.

Of air that climbs to ten above
The blood when fevered high,
Now, Mr. Sage Brush Doctor,
Consult the city guy !

Who in his wards spink, span and clean,
With nurses thick as flies,
Piles out ten thousand instruments
And looks dogondly wise.

Dr. C. E. BOYNTON.

Los Banos, Cal.

Viburnum prunifolium has proved to be a specific for threatened abortion in my hands. F. G. THOMPSON, M. D. Kissimmee, Florida.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

DISEASES OF THE EYE.—A Hand-Book of Ophthalmic Practice for Students and Practitioners. By G. E. De Schweinitz, A. M., M. D., Professor of Ophthalmology in the. Jefferson Medical College; Professor of Diseases of the Eye in the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital; Ophthalmologist to the Orthopedic Hospital and Infirmary for Nervous Diseases. With 255 Illustrations and Two Chromo-Lithographic Plates. Third Edition. Thoroughly Revised. Cloth. Pages 696. Price, $4.00 net. Philadelphia. W. B. Saunders.

This work has long been a standard authority on the subject and this revised edition is highly prized by many practitioners. Considerable space is rightly devoted to general optical principles and methods of examination, this part of the book being written by Dr. James Wallace, chief of the Eye Dispensary of University Hospital. Dr. Edward Jackson, professor of ophthalmology in the Philadelphia Polyclinic, has written the section on retinoscopy, this important subject being clearly presented by a most expert authority.

A number of chapters have been entirely rewritten for this edition of the book. Special paragraphs on the following subjects appear for the first time in this edition: Favus of the eyelids, blepharochalasis, Koch-Weeks' bacillus conjunctivitis (acute contagious conjunctivitis), pneumococcus conjunctivitis, diplobacillus conjunctivitis (subacute conjunctivitis), Parinaud's conjunctivitis, pneumococcus infection of the cornea, mixed (streptococci, staphylococci), infection of the cornea, schizomycetal infection of the cornea, oyster shuckers' keratitis, fugacious periodic episcleritis, Roentgen rays for detecting foreign bodies in the vitreous, retinitis striata, hereditary optic-nerve atrophy, eucain, and holocain.

A convenient feature of the book is the section devoted to operations, all the operations the eye being together so that they can readily be found for reference. De Schweinitz has a specially concise way of describing operations so that the reader can clearly understand the technique.

The entire field of ophthalmology is covered as thoroughly as is possible in a work of this size. Good illustrations are especially necessary in a work on the eye and those in this book are as good as can be desired by anyone. This work is one of the best published on the eye and after using several editions of the work we can recommend it to our readers.

COMPEND OF SPECIAL PATHOLOGY—By Alfred Edw. Thayer, M. D. Assistant Instructor in Gross, Pathology, Cornell Medical College; Pathologist to the City Hospital; Formerly Fellow in Pathology, Johns Hopkins University; Instructor in Anatomy, Yale Medical College, and Professor of Pathology and Bacteriology, West Virginia University. 34 Illustrations. Pages 322. Cloth, 80 cents net. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St.

This book takes up the special pathology of the human body under the following divisions: Circulatory system, respiratory system, ductless glands, urinary system, reproductive system, locomotory system, cutaneous system, death by violence and poison. Dr. J. C. Johnson, of Cornell Medical College, has written the en-

tire chapter on the pathology of the cutaneous system.

The author in a clear, lucid manner describes the pathological conditions of the different structures of the body. This book, together with the same author's book on general pathology noticed in the June Recorder, present in condensed form a large amount of pathological knowledge. There are many practitioners who wish a condensed work of this kind for reference on the subject. The work is up to the times in every respect.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY —By George Frank Butler, Ph. G., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois; Professor of General Medicine and Diseases of the Digestive System, Chicago Clinical School; Attending Physician to Cook County Hospital, etc. Third edition, thoroughly revised. Pages 894, illustrated. Cloth, $4.00, net. Philadelphia, W. B. Saunders & Co.

This work was prepared for the medical student as a text-book and for the practitioner as a permanent work of reference. The author has arranged the classification of remedies according to their therapeutic affinities. His classification is original but is rational. Special attention is given to the pharmaceutical section, which is very clear and more complete than in most such books. The drugs included in the work are such as experience has proved to be of unquestionable value. New remedies which have not been thoroughly tried and a few official drugs seldom used have been omitted. Numerous new remedies of established value are given.

Dr. Butler's large experience as a teacher of materia medica and as a medical practitioner, especially fit him to prepare such a work. Dr. Butler is an interesting and lucid writer and his book will be read with pleasure and profit by the profession. The book is very practical and clear and in referring to any drug, the practitioner can quickly find the desired information. A very complete index adds greatly to the value of the book as a reference work. The presswork and binding are above criticism.

BOOK NOTES.

Dr. John Aulde, Kennett Square, Pa., has in press a valuable monograph entitled "Manual of Physiological Cell Medication." Any of our readers may obtain a copy by writing to the Doctor.

Some of the notable features of the Household for August are: "A Year of Butterflies," a valuable article by Frank H. Sweet; "Ailette and Young Taroe," a story by Chas. C. D. Roberts; "The Other Highway," a Nature Study by Josephine E. Heustis; "Housekeeping in Far Luzon," by Stilletti Peyton Burke. The departments are devoted to physical culture, pyrography, photography, etiquette, cooking, fancy work and other matters of special interest to women. The Household is published at Union Square, New York City.

Medical Book News is a new medico-literary magazine published by P. Blakiston's Son & Co., Philadelphia. While issued primarily to announce the new publications of this firm, it will also mention the new books of other publishers. It will be published bi-monthly and will be sent free to any of our readers who desire it regularly. The publishers state that the Medical Book News will include: Descriptions of important books; reviews from medical papers; news items; lists of the most recent American and English books of all publishers; lists of

new books on special subjects; announcements of forthcoming books.

The August Everybody's is an ideal midsummer magazine. There are six short stories, a little poetry; a fine, humorous study of the New England farmer, by Holman F. Day, who is called the poet laureate of Maine, a noble description of the growing of wheat, "Blade and Sheaf," by Martha McCulloch Williams; A. Radclyffe Dugmore tells of the "Sheep Dog Trials at Troutbeck," which suggested to Alfred Ollivant the grand scene in "Bob, Son of Battle"; Arthur E. Johnson describes the remarkable air cooling machine invented by Prof. Willis J. Moore. There are the usual departments, and lots of good pictures.

Professor Max Nordau has been added to the "Success" list of contributors, and the August number contains the first installment of his new article, "The Stimulus of Ambition." The new industry for American young men, scientific forestry, is described in close detail by Frank Hix Fayant. There is a charming natural history sketch, entitled "The Struggles of a Whitefish," by that clever disciple of the woods, William Davenport Hulbert. Lyman J. Gage, the ex-secretary of the United States treasury, writes interestingly of his own boyhood,—a tale of struggle and perseverance. The editorials in this number are by Baron Eiichi Shibusawa, Edwin Markham and Dr. Newell Dwight Hillis.

Uncommonly attractive features in the August Lippincott, which is essentially a vacation number, are a complete novelette by Dr. S. Weir Mitchell; eleven short stories by popular writers; a humorous department which is humorous, besides seasonable poems. Dr. Mitchell's new novelette is called "New Samaria." This shows us the author of "Hugh Wynne" and "Circumstance" in a fresh, but no less delightful vein. In it a millionaire from the East finds himself accidentally stranded among strangers in an Arkansas village without a dollar in his pocket. The novelty of such a position soon wears off. His appearance does not beget confidence in his story, and he goes through a series of adventures in a side of the world which his life has not hitherto touched. Some of the other stories of the number are: "Angelo of the Perfection" by Marie Van Vorst; "The Governor's Choice," by Joseph A. Altsheler; "A Girl in the Rockies," by Caroline Lockhart (Suzette); "The Final Propositions," by Cyrus Townsend Brady.

The August McClure's is a typical midsummer fiction number—and a tip-top one, too, but it manages to find place for a number of striking articles that will perhaps be more eagerly read than the stories. Prof. Angelo Heilprin, who was the first man to get to the top of Mount Pelee after the eruption, tells the detailed story of his explorations. Professor Heilprin is one of the foremost geologists in the country, and his narrative is of the most absorbing interest both to general readers and to scientists. The illustrations for the articles, drawn by George Varian, who accompanied the author on his second ascent to the crater, are by far the best yet published of Pelee in eruption. One was drawn less than four feet from the edge of the top crater, probably the first drawing ever published of the interior of an active volcano. As illuminating as it is brief is Lincoln Steffens's sketch of John Mitchell, "A Labor Leader of Today." Two papers of absolutely unique personal experiences are Santos-Dumont's first article on "How I Became an Aeronaut" and Mrs. Tsilka's story of the birth of her baby while the mother, with Miss Ellen M. Stone, was in captivity among the brigands. The fiction and illustrations are varied and interesting.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Summer-Time Stove.—This new "stove" for cooling the air in summer-time promises to be of unusual interest to physicians. The wards of a hospital can be kept as cool as desired, on the hottest day in summer. The country doctor can have his patient, who is miles away from city conveniences, supplied with this appliance and furnished with pure, cool air. A. E. Johnson writes of this great invention in the August Everybody's Magazine, from which we take the following extract, which will doubtless prove of great interest to our many readers:

A wonderful contrivance which turns air of a temperature of 100 degrees in an instant to a temperature which is below the freezing point, and operated by no power save the air itself, stands in a room at the headquarters of the United States Weather Bureau in Washington. The inventor, Willis L. Moore, chief of the weather bureau, is glad to allow anybody that calls to look at it and feel the delicious cool air it gives off. In a few weeks more the foreign patents that are now pending will have been secured and the public will be welcome to examine the interior as well as the exterior of the machine that promises to become a factor of no mean importance in furnishing not only comfort to humanity in general, but aid to the manufacturing world where room temperature is an item in the protection of goods. The gravity cooler not only puts cool air into a room, but makes it pure and dry. A dust storm may be raging outside and the particles be taken in through the receiving pipe, but the air will come forth perfectly pure. Actual experiments have proved time and again that the air comes out drier than it goes in.

* * *

Facts About Honey.—Dr. C. F. Langworthy, in Recreation, tells the following interesting facts about honey.

Honey has on an average the following percentage composition: Water, 18.2; protein, 0.4; carbohydrates, 81.2, and ash, 0.2. The carbohydrates are made up of dextrose and laevulose in about equal proportion. Honey contains some aromatic bodies which give it flavor, and sometimes a little wax. The best and newest honey is clear and contained in a white comb. Older honey is of a yellowish tone and sometimes darker. On standing, dextrose sometimes crystallizes out from the liquid honey, rendering it opaque or often thick. The composition of honey varies somewhat according to the food of the bees, their age, season, etc. Hyblas, a mountain in Sicily, and Hymettus, a mountain in Attica, were in ancient times celebrated for their honey, doubtless in consequence of the wild thyme and other fragrant herbs growing on them. Since earliest times man has appropriated the honey gathered by wild bees and bees of different kinds that have been raised in hives to produce it in quantities under favorable conditions. It is a favorable article of diet owing to its sweet taste and agreeable flavor. The actual food value depends on the carbohydrates present. Like all other carbohydrate foods, it is a source of energy in the body. Honey has a fairly high fuel value, on an average 1520 calorics a pound. It is, however, generally eaten for its flavor rather than for its food value. Honey

is most commonly eaten as relish, with bread and other foods. In Europe it is generally served with rolls and coffee for breakfast. Many Americans use honey as they do syrup, with hot bread or cakes. Before sugar was as plentiful as it is today, honey was used for sweetening foods, and some cakes are made at the present day, especially in Germany and Switzerland, in which it is so used. Candy is sometimes made from honey. It is said that it is always used for making the genuine nougat. Doubtless little of the confectionery which is sold under that name contains honey.

To the ancients who were unaquainted with sugar, honey was of more importance than it now is. "A land flowing with milk and honey" offered the highest conceivable advantages to the eastern mind. Taken in moderate quantity, honey is wholesome and laxative, but persons suffering from digestive disorders often find that it aggravates their symptoms; and there are persons in health who, owing to some idiosyncrasy, can not eat honey without distress. Its therapeutic action is probably not great, but it is frequently employed employed in mixtures prescribed for allaying coughs and in various agreeable cooling drinks used in febrile and inflammatory affections.

It should be mentioned that honey occasionally possesses poisonous properties, due to the flowers from which it was gathered. The poisonous honey of Trabizond is gathered from Azalea pontica. In America, poisoning has occurred from eating honey gathered from laurel, Kalmia latifolia and Kalmia augustifolia. Many other instances of poisonous honey are on record.

Honey is marketed in the comb and also extracted from it. The latter, sometimes called "strained" honey, is frequently adulterated with commercial glucose. It is stated that much of the so-called honey which is sold contains none of the product gathered by the bee, and is entirely artificial. Of 68 samples of honey recently examined by the Massachusetts State Board of Health, 15 were adulterated with cane sugar or commercial glucose, or both. One sample contained as high as 88 per cent. of commercial glucose.

Human and Bovine Tuberculosis—While the falseness of Koch's statement denying the intercommunicability of human and bovine tuberculosis has been pretty well demonstrated, it has remained for Dr. M. P. Ravenel to present the strongest array of facts yet given. Dr. Ravenel is bacteriologist of the Live Stock Sanitary Board of Pennsylvania and an authority. He recently delivered an address on this subject before the Pathological Society of Philadelphia. The following is a summary of his address as published in the International Medical Magazine:

As a result of numerous other experiments performed in the state board laboratory under the strictest scientific precautions, it has now been incontestably proved that cattle, as well as most other animals, can be infected with tubercular sputum from man. Ravenel further cites the results of experiments by Ballinger, Klebs, Kitt, Crookshank, Sydney Martin, Thomassen, Nocard, de Young and Arloing, all of whom have successfully infected cattle with human bacilli. Full details are given by him of many of the numerous experiments for this purpose. The infection was accomplished in some cases by the feeding of human tuberculous material by the mouth, in others by injecting an emulsion of the same into the veins, and in still others by injecting such an emulsion subcutaneously. Numerous instances are also reported of tuberculosis having

been accidentally transmitted to healthy cattle from tuberculous attendants. These alone would not be conclusive, since possible infection from other sources might be difficult to exclude positively, but the cases afford strong corroboration of the unquestionable results of the experiments.

The most important and practical of the questions raised anew by Koch is, Can bovine tuberculosis be transmitted to man? or, in other words, Are human beings in danger of infection with tuberculosis by drinking the milk from tuberculous cattle? He does not dispute altogether the possibility of this, but throws doubt upon it, belittles the danger, and advises the abolition of the safeguards which have been provided against it.

Without actual experiments under crucial conditions, which could only be practicable if it were made legal to use for the purpose on condemned criminals, this question cannot perhaps be answered with absolute certainty; but Ravenel has brought together a very large array of evidence for the affirmative of the most convincing character. He discusses at length the morphologic and cultural differences between human and bovine bacilli, contending that these are not essential; then cites numerous cases of accidental inoculation of men with the bovine tubercle bacillus and instances of tubercular infection through food, in all of which there were the strongest reasons for believing that the infection could not have occurred through any other agency.

One of Koch's main reasons for doubting that the bovine bacillus can be transmitted to man, is that, if this were so, tuberculosis in children would involve first predominantly the abdominal organs by reason of infection through cow's milk, upon which so many babies are fed, whereas, according to him, infection in this region occurs in a very small proportion of infantile tuberculosis. Ravenel completely turns this point against him, by showing first that outside of Germany, where sanitary precautions are exceptionally strict, a large proportion of tuberculosis in children does primarily affect the abdominal organs, and that, moreover, numerous experiments establish the fact that in animals infected with the disease by being fed tubercular material, the tonsils, lungs, or bronchial glands are often primarily involved; so that there is no reason for inferring that any case of tuberculosis, involving the respiratory tract, could not have resulted from infection through the alimentary canal.

Another potent argument incidentally urged against Koch's view in the same address is the striking results of inoculating cattle with tuberculous material from the intestines of children which there was every reason for believing had been infected through the milk of tuberculous cows. Such inoculated material proved exceedingly virulent for cattle, quite as much so as like material taken from diseased cattle. It acted very much more rapidly and powerfully than the usual human tuberculous matter, and thus afforded strong presumptive evidence of having been derived originally from a bovine source. Then as to the prevalence of tuberculosis among cattle, Ravenel shows from the records of the Pennsylvania Board that in one herd, out of 174 cattle, 166 were tubercular; in another of 73, 59 were thus diseased, and in several other herds all were tubercular! Under these circumstances, supposing there were even no more danger of infection from tuberculous meat or milk than Koch admits, sanitary authorities would be criminally negligent if they relaxed any of their efforts to stamp out tuberculosis in cattle, even though their work were not profitable to the community from an economic point of view, as it clearly is.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

SUMMER DIARRHEAS OF CHILDREN AND THEIR TREATMENT.

By M. A. Auerbach, Ph. G., M. D., New York City. Special Inspector, Department of Health.

The importance of these demand a separate consideration. Three forms, more or less distinct, can be recognized, viz.: acute dyspeptic diarrhoea, cholera infantum and acute enterocolitis.

Acute Dyspeptic Diarrhoea—This disease is chiefly due to errors in diet, which do not necessarily consist in the substitution of unnatural foods for the mother's milk. The mother's milk may be altered in quality by emotional causes, by improper food and improper hygiene. Or it may be caused by over-frequent nursing. More often, however, it is caused by the ingestion of unnatural foods.

There are also pre-disposing influences which facilitate the action of the exciting causes. These are, especially dentition and the extreme heat of summer.

The prognosis of the aforesaid disease among the better classes is commonly favorable, but among the weak, puny and half starved children of our lower east side, large numbers perish, especially during the summer months.

The old time treatment in these cases was a primary purge, calcined magnesia or castor oil. After the purge bismuth subnitrate or prepared chalk was given. Since the introduction of glyco-thymoline (Kress) the above mentioned methods have been cast aside. A very good and effective prescription which has given me most splendid results in these kind of cases, in conjunction with a carefully restricted diet, is:

℞ Bismuth subnitrate, ʒj.
Tr. opii deoderatum, M.x.
Glyco-thymoline, ℥ij.
Aqua rosarum, ad q. s., ℥iv.
M. et Sig. ʒj every 3 hours. (For a child one year of age.)

Cholera Infantum—A variety of acute catarrhal enteritis of intense severity, corresponding in symptoms and course to cholera morbus in the adult, but much more serious in termination.

Prognosis in these cases is at best not very favorable.

Treatment of these cases is of quite a different nature from those above mentioned. In the first place the fever must be combated and I know of no better method than a bath containing some glyco-thymoline, at about 80° F., reduced by adding small pieces of ice to 70° or 65°. Next pain, to reduce pain 100th of a grain of morphine sulphate can be administered to a child of one year. Stimulation with strychnia hypodermically, iced champagne to prevent vomiting, brandy, whiskey and other stimulants.

One of the best methods for irrigating the large intestine is by introducing a small soft catheter through the rectum and injecting into the bowel about a pint to a pint and a half of warm water containing about 25 per cent. of glyco-thymoline. This I find removes and prevents the re-accumulation of the fermentative as well as the putrefactive products of the bowel. Should however, the hyperpyrexia continue, the douche may be given at

a lower temperature. During convalesence great care must be taken in the feeding of the patient.

Acute Entero-Colitis—An affection of inflammatory nature more severe than dyspeptic enteritis, chiefly to the ileum and colon, affecting especially the lymph follicles. This, like the preceding, is a disease of the hot months of summer, and the period of teething especially. It is produced by the same causes as dyspeptic diarrhoea. It is most frequent during the ages of six and eighteen months. It likewise may be a termination of dyspeptic diarrhea or cholera infantum.

Treatment: The general surroundings and hygiene necessarily play an important part. The medical treatment, however, is somewhat different. Anodynes are more imperatively demanded because there is a greater suffering, and depletion may be needed in the beginning, by salines, though good judgment is required because the child's strength must be watched. The colon should be flushed with a solution of glyco-thymoline having a strength of 25 per cent. This I find answers admirably in these cases. The solution may be made with iced water. The coming teeth should likewise be watched and the gums be scarified whenever required.

I will supplement my remarks by adding a few of the many cases treated with glyco-thymoline and leave results speak for themselves.

Case No. 1—M. K., aged 8 months, male, was taken with severe vomiting and colicky pains at night. The vomita contained lumps of coagulated milk. The stools were very offensive and recurred at intervals of 20 minutes. I left a prescription for glyco-thymoline 2 oz., bismuth sub-nitrate 1 drachm, rose water enough to make 4 oz. I called the next morning and found but little improvement in my patient, and at once flushed out the bowel with a 25 per cent. aqueous solution of glyco-thymoline and continued the prescription given the night previous. This treatment was continued for three days the patient steadily improving during that time. I recommended that the child be taken away from the city, which was done. I heard later from the parents that the child had not had a relapse but made a speedy recovery.

Case No. 2—Mary C., aged 7 months and a half was brought to my office her little knees drawn up, a look of anguish on her face which was pale and drawn with eyes protruding. She had a number of watery discharges from the bowels, incessant vomiting, a temperature of 103½, a rapid and feeble heart. A further examination of this poor little tot was unnecessary. Anodynes were at once administered to soothe the pain. I washed out the bowels with a 40 per cent. solution of glyco-thymoline and administered the same in a 50 per cent. solution with peppermint water internally in doses of 1 teaspoonful repeated every 2 hours. The results in this case far exceeded my expectations. The child made a slow but successful recovery.

Case No. 3—L. P. male child, age 16 months; was called to check the diarrhoea, which was of a serious character having a tinge of blood. The vomiting was not of a severe nature, the only alarming symptoms the child showed were the intestinal ones. Three separate washings of the child's colon were made at intervals of six hours. The child's food was restricted to barley water; this case like the one preceeding made a perfect and speedy recovery.

Case No. 4—R. A., a little tot of the east side aged 13 months, brought up in one of the dark and dingy rooms of a tenement house; this poor little one was suffering for five days before my attention was called to the case. I found it in an emanciated condition, unable to move a limb, the bowel movements were frequent and watery;

the little one was on the point of collapse; strychnia was administered hypodermically to stimulate the heart, after which diluted brandy was given every half hour. The colon was irrigated with 24 oz. of a 50 per cent. aqueous solution of glyco-thymoline. I had the child under my observation for two and one half weeks and with proper food and fresh air, the child made a good recovery.

Case No. 5—M. M., a boy baby 7 months of age, teething and causing all sorts of trouble for its parents who were well to do. I was summoned to the house early one morning, found the little one vomiting quantities of curdled milk, and movements having a decidedly fetid odor. I tried most everything in this case and received but small relief by the use of glyco-thymoline. Upon careful investigation I found that the teeth were causing the trouble; the gums were then lanced, and the child's diet restricted; that is the breast feedings were given at three hour intervals and only lasting five minutes at a time. Glyco-thymoline was kept up with perseverance and good nursing our little one soon got well.

EFFICIENT ANTISEPSIS.

By W. G. Putney, M. D., Serena, Illinois.

In the use of proprietary medicines the sentiment of the medical fraternity is very much divided. Some take the radical view that they are no less than patent nostrums, as the quantities and qualities are hidden from their inspection thereby causing them to be prescribed in a sort of blind, empirical way and therefore cannot be considered rational therapeutics. This view is probably the truth if it is looked at from the standpoint of separate drug prescription, but when viewed as one thing in compound, and that the action is as one drug or remedy, the idea loses its force. In proprietary medicines it is to the interest of the manufacturers to get the purest of drugs in order that their action shall be steady and uniform; therefore the practitioner can more rely upon them.

In my practice I have always been slow to accept the use of proprietary medicines, but there are some that have come to be considered standard necessities, and such a remedy has been found in zymotoid, manufactured by Dr. W. B. Arnold, Rockford, Illinois.

My first use of zymotoid was in a case of senile gangrene, by recommendation of Dr. Freeman, Millington, Illinois, who is an eminent surgeon in my neighborhood. The patient, aged seventy-four years, had lost all of his toes on the right foot but the little one. The odor, the best that could be done, was very offensive, and the demarkation was slow. Zymotoid was applied on iodoform gauze, after which there was little or no odor, and the line showed very soon. There was no further appearance of gangrene, but the patient died some four months later of caries of the tarsal bones. In a second case of gangrenous patches on the calf of the leg of an old man of seventy-six, the remedy was used with the best of effect.

The next case tried was a chronic leg ulcer, which had been treated by different methods and remedies for a long time with little or no relief. He was given absorbent cotton and a pint bottle of zymotoid and told to apply and keep wet. Result was the healing of the ulcer permanently.

Its use has been tried in all forms of bruises and wounds with an ever increasing admiration for its action. In some forms of eczema it has worked well, not in all.

In a case of modified smallpox it was given as a mouth wash with the

effect that the lips and mucous membrane healed long before the face and hands, another preparation being used on them. Should the disease come into my practice again zymotoid will be used with an absorbent cotton mask to keep light and air from the surface. Without doubt it is the best of remedies in tonsillitis and diphtheria either as a spray or gargle.

Having used it in four cases of erysipelas, two of a very severe type, I must confess that its action gave the best effects of any remedy that it has been my lot to use. The inflammation was subdued inside of four days, but the systemic poison did not yield 'till later. It was used with absorbent cotton as a mask, dropping the zymotoid on it as often as it became dry.

Lately I have used the remedy in cases of confinement, applying to the soft parts with gauze to relieve odor and irritation, and, if there is fever inject it into the womb with a uterine syringe as an antiseptic. It can be used in any place or anywhere without fear as it is non-poisonous internally or externally. Zymotoid is a remedy that speaks for itself—all it needs is a trial.

HYSTERECTOMY FOR CANCER OF UTERUS.

By T. J. Biggs, M. D., Sound View Hospital, Stamford, Conn.

Mrs. T., age 47, American. Diagnosis, carcinoma of uterus. Entered hospital October 10, 1901, in a greatly run down condition. She was put on an absolute bovinine diet, until October 14th, when at one o'clock she was given a high rectal injection of bovinine and salt solution, three oz. of each, and at two o'clock, under ether anaesthesia, I performed an abdominal hysterectomy. Just before the uterus was detached from the vaginal wall, the patient showed considerable shock, and consequently the nurse was ordered to give her another high rectal injection of bovinine and salt solution, two oz. of each. She responded to this beautifully. The operation was completed by the closure of the abdominal wound, the pelvis being drained through the vagina. Patient was put to bed with the pulse weak and 112. She was given another high rectal injection of bovinine and salt solution, three oz. of each. In twenty-five minutes she was conscious, pulse greatly improved, being 100, and full in character. No nausea, thirst or vomiting. The second day the vaginal drain was removed, the wound and the vagina treated by injections of bovinine pure, employed t. i. d. Previous to every injection of bovinine into the vagina, the cavity was washed out with borax solution. These injections were continued three times a day up to October 16th, when twice in twenty-four hours was deemed sufficient. She was now allowed a light general diet together with bovinine. October 24th the stitches were removed and the abdominal wound found to be healed. From this time on her recovery was uninterrupted and she was discharged cured, November 16th.

NUCLEO-COPPER ARSENITE.

By John Aulde, M. D., Kennett Square, Pa.

Cuproid—Nucleo-Copper Arsenite—Oligo-dynamic, intestinal antiseptic and sedative.

In cuproid we have a remedy notable alike for its peculiar physiological properties and remarkable medicinal virtues. Like other inorganic substances, when converted into an impalpable powder by thorough trituration and combined wiih the electrically charged body fluids, a "colloidal solu-

tion" is formed (Bredig, Inorganic Ferments), by which it becomes a "catalyzer," the normally poisonous character of the basic metal being reduced at least a million times (Galeotti.) Whether or not there are sufficient grounds for believing that inorganic substances in this form unite with the ferments known as enzymes, there is ample clinical evidence that nuclein, while enacting the role of a ferment possessing enormous surface energy, promotes molecular changes (vibrations) in nerve structure in the class of cases to which the combination is specially adapted. Instead of "interfering" with the action of this colloidal solution, a stimulant effect is produced, increased nerve stability being indicated by prompt recovery.

Perhaps it would be safe to say that we have in copper arsenite an antiseptic which acts catalytically, like the enzymes themselves, although the absence of any effect upon osmotic pressure must be recognized as a factor demanding consideration.

A note should be added to the effect that salines, as usually employed in acute affections of the bowel, derange osmotic pressure by the unnecessary removal of the liquid contents of protoplasm, which suspends its normal activities and eventually leads to destruction of the cells. Magnesia sulphate is especially objectionable on this account, and further, because of the effect of the acid radicle upon the calcium content of the nuclear proteid (Kearney and Cameron). Thus, an important element of the protoplasm is filtered out, when functional activity ceases and cellular death ensues. Chronic diarrhea and the diarrhea of phthisis, for example, are associated with an acid condition, and as a matter of course, ordinary treatment by antiseptics and astringents is ineffectual, simply because the disorder is self-perpetuating. By supplying the system with an available calcium product, and taking the necessary precautions to secure and maintain a normal alkalinity of the blood, this difficulty is overcome as if by magic. Caldihyde and sa-lith-on are especially adapted to accomplish this purpose, the former being distributed throughout the system in the form of a colloidal solution, while the latter stimulates protoplasmic activity, flushes the inter-cellular spaces and makes the cells work under normal physiological conditions.

Medicinal Applications.—Acute Intestinal Affections—colic, cholera morbus, cholera infantum, sea-sickness, diarrhea and typhoid fever; efficient also in chronic gastro-intestinal catarrh and tubercular infection.

Dose.—Adults take one or two tablets every ten minutes for an hour, accompanied by large draughts of hot water, then at intervals of one or two hours

A child three to five years of age takes one tablet every ten minutes for four doses, then every hour or two hours.

Sa-lith-on should be given after subsidence of the acute symptoms, to restore the germicidal properties of the blood and favor the elimination of waste products.

In urgent cases, the entire dose for the first hour is to be given at once along with hot water freely, the patient being instructed to lie upon the right side.

For sea-sickness, the patient takes two heaping teaspoonsful of sa-lith-on at bed-hour the night before sailing and again an hour before partaking of a light breakfast, after which the tablets are to be taken according to the directions given; treatment to be continued until all symptoms of mal de mer have subsided.

As an antiseptic lotion, dissolve three to five tablets to the ounce of boiled or sterilized water, using a fresh solution at each seance.

In all temperate climates it is a lamentable fact that the infant mortality from summer diseases is appalling, and in the case of adults, the illness arising from acute disorders of the bowels is all too frequent. Cuproid is a remedy which has been shown to possess exceptional merits in this class of cases, my claims being based upon reports from physicians in all parts of the world and covering observations extending over a period of more than twelve years. It is offered to the profession, therefore, with confidence that its value will be duly appreciated and its virtues commended because of the inestimable advantages afforded to humanity.

FORMULAE.

Cuproid:
Copper Arsenite, gr. $\frac{1}{1000}$;
Nuclein, equiv. med. sol. gtt. ij.
Cuproid "B."
Copper Arsenite, gr. $\frac{1}{100}$;
Nuclein, equiv. med. sol. gt. iv.

Note.—This latter combination is more especially adapted to the treatment of subacute and chronic conditions including tuberculosis (one tablet every two to four hours,) although it may be used in acute attacks at frequent intervals—one tablet with hot water, repeated in an hour.

ECZEMA RUBRUM.

By Wm. B. Mann, M. D., Evanston, Illinois. Manager Northwestern Sanitarium.

I am greatly pleased at the outcome of a case of eczema rubrum, a typical case in an elderly man. The eruption appeared on both legs some twelve years ago, and was treated by a number of physicians with relief, some more than others, but never approaching a cure. The patient had also used almost every advertised remedy with little results.

For internal treatment I ordered trophonine R. & C. in tablespoonful doses, three times daily, with two granules of pilocarpine. The surface of eruption was washed in tepid water and juniper tar soap, after which a thin veneer of unguentine and a mixture of dolomol-ichthyol, dolomol-tar and dolomol-sulphur sub., equal parts, was applied, and legs were then wrapped in a thin layer of cotton and bandaged. A cure has been effected to the great surprise of patient, friends and myself. Much of the credit belongs to the dolomol powders.

ECTHOL IN SCARLET FEVER.

By John M. Turk, M. D., Canton, Ga.

I feel called upon to say something plain and practical in regard to the usefulness of ecthol in the above disease. I have used ecthol for one year in an epidemic of scarlet fever, and I must say that it has more than met my most sanguine expectations. It has accomplished more than any agent I have ever used in a practice of forty-three-years. Ecthol robs scarlet fever of all the distressing sequels, such as nephritis, ear complications, adenitis, membranous angina, etc., if the remedy is given early enough and as often as every two or three hours, in bad cases, until desquamation is over, then not so often. A great many of my cases were malignant and quite a number ushered in with convulsions. In some of my malignant cases I gave double the prescribed dose. It prevents in a large degree the disintegration of cellular tissue, and will not disappoint any who may use it in scarlet fever.—New Orleans Medical and Surgical Journal, May, 1902.

SUBSTITUTORS STEAL PHYSICIANS' PATIENTS.

Incidentally, the Antikamnia Chemical Company is after "counterfeiters" and "substitutors" with a sharp stick. Their work in New York City is, no doubt, well known to our readers and they have now broken up a counterfeiting gang in New Orleans.

There cannot be two views on the subject of substitution. It is swindling, pure and simple. Antikamnia and antikamnia tablets are made only by The Antikamnia Chemical Company, of St. Louis, Mo., and when a physician prescribes either antikamnia powdered or tablets he means the products of that firm. If his patient does not get them, a fraud is perpetrated, not only upon The Antikamnia Chemical Company, but upon the physician and his sick patient for whom the medicine was intended.

In other words, the doctor's patient is taken out of the doctor's hands, transferred absolutely to the substitutor's care and then given whatever remedy the substitutor thinks best. All this irrespective of the doctor's diagnosis. In short, the treatment is in accordance with the "diagnosis" made by the substitutor. And as all substitutors are thoroughly saturated with avarice, greed and utter disregard of the most sacred rights of others, the fate of their victims can well be imagined. It is the purpose of The Antikamnia Chemical Company to expose and punish this crime wherever they locate it, and they have notified the trade that the least punishment "substitutors" of this kind can expect is exposure of their guilt.

METRITIS—ENDOMETRITIS.

Inflammation of the uterus may be quickly relieved by vaginal douches administered with diluted hydrozone, but in order to accomplish a cure, in addition to the douches, injections should be administered every day into the uterus with a mixture of 2 to 8 ounces of hydrozone, 1 quart of warm water. Vaginal douches of diluted hydrozone, morning and evening, will keep the parts clean and healthy. At night apply glycozone on a tampon.

CHLOROPEPSOID.

Chloropepsoid has a peculiar action on proteids and its proteolytic action is that of a digestive ferment of animal origin, but it is far superior to pepsin or pancreatin or the sometimes absurd combinations of these products. It has the same physiological action as the normal stomach juice and acts furthermore as a strong stimulant to all alimentary glands. It also has a special strong digestive action upon casein and is a most powerful digestive for albumen, and dissolves mucus very rapidly and is therefore indicated in all cases of catarrh of the stomach.

HYPOPHOSPHITES.

Germain-See states that "the hypo phosphites spare waste"; Peters says they "stimulate assimilation"; Dujardin-Beaumetz observes that "they act upon the trophic nervous system" and thereby invigorate all the physiologic functions. It is thus that Fellows' hypophosphites successfully overcomes the accompanying disturbances of nutrition and function in pulmonary tuberculosis; it is in the broadest sense alterative, nutritive, tonic and reconstructive.

Tannopine gives good results in the treatment of dysentery.

BRIEF MENTION.

Send for a sample of Morgan's sabalol spray. It will cost you nothing to find out what a valuable preparation this is.

Neurilla can not be excelled as an agent for controlling neurasthenia in women and nervousness in dentition.—C. W. Rodecker, M. D., Wonewoc, Wis.

Dr. Becker's compound digest has given considerable success in the treatment of summer intestinal complaints of infants and children, where the stool contains undigested food.

Lanikol is widely applicable in the many forms of acute and chronic eczema, herpes, erythema, erysipelas, psoriasis, burns, vulvitis, balanitis, boils, felons, etc. Samples free.

I have used Hagee's cordial of cod liver oil comp. with most excellent results. It is palatable, easily assimilated and a fine nutrient.—Wm. J. Packwood, M. D., Buffalo, N. Y.

The Wheeler Chemical works will send any of our readers a free sample of noitol. If you wish to try it and also to know about their other valuable preparations, better write them at once.

G. Marshall, M. D., L. R. C. P., Markethill, County Armagh, Ireland, writes: Have used aletris cordial in cases of threatened miscarriage with great benefit, also in cases of dysmenorrhea.

H. C. Brainerd, M. D., Cleveland, says: I have used Gray's glycerine tonic comp. in the Cleveland Protestant Orphan Asylum, and have found it one of the most efficient stomachics and tonics I ever used.

The painless one night pile cure received. Gave it to several patients with protruding piles, found it to give instant relief and cured the patient in a few days by using night and morning. Geo. Elliott, M. D., Surgeon in Chief Dr. Elliott's Sanitarium, Denver, Colo.

There is no remedy which can be compared with Daniel's conct. tinct. passiflora incarnata in overcoming hysterical manifestations, or quieting the nervous system. It is in no sense dangerous, and will not establish drug addictions.—John J. Eagan, M. D., St. John, N. B.

The twenty-eighth annual meeting of the Mississippi Valley Medical association will be held in Kansas City, Mo., October 15, 16, 17, 1902. The annual orations will be delivered by Dr. Hugh T. Patrick, of Chicago, on medicine, and Dr. Geo. W. Crile, of Cleveland, O., on surgery.

Ferguson details a case of impotence following a prolonged attack of gonorrhea. It was his third attack, and his virile power was almost lost and he suffered from frequent micturition. He had in addition orchitis on both sides. The case was peculiarly obstinate and many remedies had been used to no purpose. He had already exhausted the resources of several quacks. Sanmetto was prescribed in teaspoonful doses three times a day and improvement and recovery followed.—Medical News.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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LEADING ORIGINAL ARTICLES.

SKIN-GRAFTING.

By Charles C. Miller, M. D., Hotel Mentone, Chicago.

Nowhere in the practice of medicine does the general practitioner neglect a greater opportunity to secure prestige and at the same time add to his revenue, than in the non-performance of skin-grafting, which is so frequently indicated in cases falling into the hands of the man practicing general medicine.

Strange as it may seem the simplest technic with the crudest instruments will prove more satisfactory and uniformly successful than the use of all the complex methods or instruments devised. This I say without hesitation or fear of refutation.

The practitioner has another fear in the great majority of cases, that is, the danger to life. To him the death of a patient, during an elective operation, is a blow tremendous and far reaching, and as a result he hesitates far longer in operating than would the specialist, even though this latter were not operative mad, in a majority of cases. I make this latter statement without the least disrespect to brother specialists or the remotest idea of imputiug that either as a body or individually they are careless of lives intrusted to their care. In fact, the excellence of the work and character of the specialists of this country should and does make them the pride of the unbiased professional man.

In respect to skin-grafting the almost absolute absence of danger places it in a situation excelled by none and equaled by few operations which should be looked upon with favor by the general profession and practiced by them.

The surgeon, as author and teacher, writes eloquently upon the necessity of "absolute asepsis," and in the same breath details the perfections of hospital asepsis. My respect is great for the advantages of the hospital, and I profit by them at every opportunity, but nevertheless it is merely a matter of convenience for by expending sufficient care and labor one can render any surroundings suitable.

In skin-grafting asepsis is very important but I would make one point clear to my readers—the power to secure absolute asepsis of a granulating surface is limited even with all the advantages of the hospital, and the exercise of care and cleanliness in the private house, even though a hovel, will be sufficient to secure success in many cases. The proportion may not be as

great in the hospital, but repeated trials will do no harm, and the physician's time and trouble will be the only loss.

A multitude of means of securing asepsis have been put forth by industrious writers. Simplicity here will be as effective as the most complex. If the physician will supply himself with a pound of sterile cotton and a good pure soap, the liquid soap though preferable is not essential, and then proceed to thoroughly clean the ulcer, for he will find opportunity to graft upon twenty ulcers to one of other characters of lesions, while so cleaning instruct the patient minutely as to the method, then dress with sterile cotton and bandage. The patient should now repeat this at least four times daily for four days or more. Boiled water should be used, the basins or bowls scoured and then afterwards pouring the water in at the boiling point and allowing it to cool. This technic will be sufficient for healthy granulations, Where the granulations are excessive or indolent my custom is to rely upon bi-chloride dressings. Starting with a very weak solution it is gradually increased in strength until it produces discomfort. Each ulcer is a law unto itself, so to speak, and should you by chance get a solution too strong and the patient complain of severe pain resort at once to morphia as the suffering otherwise may continue for some time. Copper sulphate may be used in place of the bi-chloride, one is as good as the other apparently, but the bi-chloride has one advantage. If only slight smarting is produced by either agent this will continue much longer if the copper salt has been used.

Many other agents and means have been advised. One may use them or revert to the first method I mention, merely getting the surfaces as clean as possible, then at the time of operation curette away all excessive granulations.

While not essential, an anesthetic should if possible be given, for then we can vigorously conclude the cleaning and also curette the surface and further mechanically cleanse. The patient should have also partly prepared the area from which the grafts are to be taken before operation. At the time of operation this should be concluded by vigorous scrubbing on the part of the surgeon.

No instrument has ever equaled a razor as a means of securing grafts. It is variously used. Some keep it moistened with saline solution and float the grafts upon the surface of the ulcer. For my own part I find the dry razor as convenient and the results much better if the parts all be kept dry. If this technic is to be used, and I feel certain that it is superior, especially in the hands of the practitioner, to that in which the saline solution is used so freely. All hemorrhage must be entirely checked from the ulcer, before the graft is cut. Time and patience will secure this. Simple pressure with a sterile cotton pad will finally check all oozing.

The razor should be held almost flat against the skin and a sawing motion used. This will allow of the cutting of large thin sections which will fold up upon the razor regularly. Now some surgeons cover the entire area with large grafts. This I do not believe to be as good a plan as the use of small sections, each separated by an interval. This allows for discharges to escape and if the grafts take, the intervening spaces will soon be covered. The large grafts can be cut into small ones and dropped over the field, or many small ones may be cut. Surgeons are prone to have various persons supply the grafts. This is necessary only in very exceptional cases.

The first dressings for the ulcer following grafting were elaborate and wonderful. Each operator now has a choice, as many have been advanced.

For myself, I am content with narrow adhesive strips of rubber tissue to cover the grafts and hold them in close contact with the ulcer. These will leave a lattice work arrangement when completed and allow of the discharge of the secretions of the ulcer upon the dry pad of sterile cotton which is placed over this, and bandaged in place usually with clean towels. A towel can be applied around the leg and fastened with a number of safety pins which have been boiled. This is even superior to a bandage if the patient is confined to bed, which should always be the case. The cotton can be carefully separated from the ulcer by wetting it with plain boiled water and the part redressed frequently with a dry cotton pad after carefully drying the exposed ulcer and the adhesive strips. The strips should be left in place at least a week. No antiseptics are needed on the ulcer. Some mild agent can be used to dress the raw surfaces left by the removal of the grafts. Boric acid is good and cheap as well. These places will heal in a few days. No pain follows the procedure, nothing is needed but quiet and a good diet if obtainable.

If the surgeon fail nothing will be said detrimental to him for the effort. The people have expected this, and they will appreciate the attempt. By judicious words an opportunity can be secured within two weeks to try again. In the meantime the patient should be kept in bed in the hope that the grafts may have taken, and epithelial islets ultimately appear. If this can be done three failures will give opportunity for many ulcers to heal from the edges, whereas the patient, if asked in the beginning, would have flatly refused to go to bed for this time. If you can cure one of these cases, you can look for many more. This is a condition which persists for years and each of the possessors of an ulcer is a walking catalogue of at least half a dozen more. They have studied and discussed their troubles repeatedly and relief to one will usually secure several of the others.

THE DYNAMICS OF HEREDITY.

By Herman Gasser, M. D., Platteville, Wis.

All life begins in the cell, and comes round to the cell again. This is the individual circuit in the endless chain of the physical continuity of life. The difference between the lowest and highest form of life is one only of degree of organization and special development of the unit; all subject to the same laws. Each goes through the same round of changes to which it has become adjusted, and is why like begets like. This is the general principle of heredity the forces of which we wish to take into review as they are known to us in our experience.

In the physical economy of nature, at least in the study of biology, we find that long continued and repeated functions similar in kind make structure, and this organic structure is the physical functional memory. Every reaction causes more than one change, and each change a new relation with greater complexity of reaction, and is the physical law of evolution in general.

Life begins in the cell and comes round to the cell again. In the cell we have the physical immortality of life with all its variations of development or evolution generically observed. In the most simple living cells these established habits of physical memory or reaction become ever more organized and complex with a wider range of reactions upon the forces of their environment, a more rapid and organized differentiation of function, the circuit of which ends in division or segmentation, and so repeats the same

round of ancestral activities, the same organized unity of function, which continued repetition makes more perfect, rapid, organized and complex.

In this way the physiological division of labor was born as an organized memory of its specialized physical function. It is important, however, here to remember that in this physiological division of labor with its increased life, we have only a more complex and greater unit of life, and must ever have it in the mind's eye if we do not wish to be intellectually sidetracked in formulating a scientific system of the general principles of heredity and life. It is general principles to which we must hew in all our special work if we wish to keep off the shoals and shallows in the unity of this great stream.

The simple cell that continues to live by segmentation, in time becomes so highly organized and equilibrated to the forces of its environment upon which it reacts, that it no longer has a sufficient plasticity to divide, its organization has outgrown its adjustment, and to continue must react upon a wider and varied range of forces with which it is in tune. This it finds in cells similar in kind. As Van Bunden has expressed it: "The faculty which cells possess of multiplying by division is limited. There comes a time when they can divide no further, unless they undergo rejuvenescence by fertilization." This is the primitive foundation of sex, of which all the varied forms with which we are familiar, are only specialized developments.

This union of the simple cells will again, in time, meet the same fate as the simple cell, for as they become more organized and differentiated, less plastic because the external membrane as well as the internal organs becoming more adjusted and equilibrated, can no longer flow together to rejuvenate their life, and hence must cease to exist unless they adjust themselves in some way to react upon a wider and more varied relation of the forces in their environment. It must keep in harmony with the constructive equilibrium of the forces of nature to continue its creative living continuity.

In this organization with its physiological division of labor of this multiple cell, a part would be set aside and given off at maturity to unite with a similar part or cell, and thus repeat the increased, varied, higher and more complex circuit of its functional life. Increasing organization and variation becoming ever greater or more organized, the adjustment of their positive and negative variation becomes more distinct and specialized; sex relation ever more differentiated and evolved. It is the same simple cell, with the same simple and inherent function, only organized to react with greater rapidity the result of its organized and established memory of past functions.

In this sense the germ plasm or cell is immortal while the somatoplasm or cells is only a highly differentiated unit of function woven around it to keep it ever fresh and virile in the creative and constructive equilibrium of nature. From this natural and physical point of view, life must be ever more constructive, upward; to stop its creative development or evolution would mean disintegration and death the result of its equilibration. Nature is a creative and constructive equilibrium, not a complete equilibrium or death. This is why life means continued and constructive work; is the price of the physical living immortality, and around which the whole fabric of our educational, religious and political life revolves. The principle of sociology is a constructive equilibrium of this related unity that is never at rest.

It is thus we find that all life not only begins in the simple cell, but comes round to the cell again. It is only a varied, special, more highly or-

ganized and adjusted difference in the circuit and rapidity of their functional relation with their special division of labor. All again find their source in the first primitive division, and each becomes organized and adjusted to the special relation and environment evolved and organized about it. Each has its special and established rhythm, rate and rapidity to which it must conform and is the limit of its relation or type.

In the ovum of the higher animals, which is specially nourished, we have the interesting phenomena of its attempt to continue this habit of cell division by giving off the polar body, but is too equilibrated, specialized and adjusted to complete the circuit, and if not fertilized by the special germ cell which is "the less nutritive and therefore smaller, hungrier and more mobile organism we call the male," goes into disorganization and dissolution.

The ovum gives off its polar globule as a reminiscence of parthenogenesis, and its fertilization by the sperm cell is the flowing together of these specialized cells in the same way as we have observed it in the lowest forms of life. It is only a specialization of their function with a greater rapidity of reaction the result of their organized habit or memory of past functions or experiences.

The question here might be asked: How does the union of the sperm and germ cell cause the male and female? The balance of adjustment in this union for the one or the other is the measure of the related potencies, and as it is almost infinity to one that they are unequal, the amalgamation at once casts the positive or negative variations, the male or female. Physically, as well as experientially, this is in harmony with our idea. If they were potentially equal in their rhythm and function, there would be no amalgamation. This is why the law of sex is so stable and unerring in its expression.

This may appear as a very simple interpretation of this very complex and obscure problem, but its very simplicity is its worth and strength. The problems of nature, when finally resolved, are always simple principles and related parts of the general unity.

The whole problem of heredity in the end resolves itself into the phyical fact that the organized physical memory is the result of the established habit of function as a lawful, orderly and related part of the unity of nature. At every stage of organic development, from the simple cell to man, it is always a related unity, and reacts upon it in the then state of its existence, the ever present active functional and living memory.

How, then, in this physiological division of labor in the higher organisms do the special germ cells acquire their special habit or heredity of function to renew the cycle or circuit of life in which they are a related part? Weismannism claims they do not acquire them, while the LaMarckians maintain they do.

Of these two prevailing and predominating theories, it may be said that Weismann's idea and conception has a scientific and comprehensive physical basis for its being; while the LaMarckians formulate their theory upon the preconceived ideas and reasons of how they ought to be developed and organized to repeat the series of living functions in the unity of which they play a related part. Weismann's idea and theory is a natural, scientific and experiential conception; while LaMarcks is founded mainly in tradition and speculative reasons.

Life and heredity is the organized and continued functional energy in the ever present unity woven out of the creative and constructive forces of the past. It is creation or evolution up to date, in which the cell is conceived as

the immortal physical basis of life. But while all life is in and starts from the cell, the simple unit, these have special and individual potencies of their own. They retain their primitive simplicity of reacting upon the forces of their environment in which they develop but become specialized to reach within their established sphere in their characteristic way, or rhythm of habit. The primitive functions of the germ cells are not changed; they only undergo a more circuitous, prolonged and involved adjustment and relation in the unfolding of their acquired and constructive functions and differentiation of labor, which, as soon as it reaches maturity, causes them to reappear in full bloom. This is the circuit of their specialized life in the unity of the general life. Increasing organization, endurance and system in the individual life, mean a prolonged and sacrificed circuit of the germ cell. The increasing organization and evolution of the one with its prolonged development, is the decreased system of organized sacrifices of the primitive cell in which it has its source.

The germ cells do not inherit the acquired characters and functions of the somato cells. This is the theory of Weismann but with a different interpretation. Weismann's idea or theory of heredity is, that the reactions of the male and female cells, with their special variations, cause the constructive creation of life; and so far is true; but the fundamental conception is wider, more general and physical, for function makes structure and structure is the organized physical memory of past functions. It takes in not only the specially favorable reactions of the germ cells, but of the forces of their environment from which they absorb their energy, with all its variations, from bad to good; not only the seed, but the soil. The somato plasm is built around the germ plasm or cell to maintain its constructive equilibrium. The germ cell never transcends its primitive simplicity as a unit of life, it only becomes more highly organized with increasing rapidity, special rhythm or rate of function to maintain which has its circuit of life become ever more diffused in the somato cells with its prolonged development. The differentiation built about it is the system of its individual diffusion wherein it appears to become lost for a time, but later comes to maturity, when it may repeat the same circuit, up and down, in inverse ratio in its special circuit of life.

In pregnancy, and its termination labor, we have a specialized illustration of heredity, the latent but organized habit of function of which is stimulated into activity by the fertilized cell. It begins to fasten and feed upon the mucous lining of the womb, stimulating its general function and activity, the result of its hereditary habit or organized memory of past functions, by building a muscular wall around the foetus, and when it reaches a certain state of equilibration or limit of constructive tolerance makes spasmodic efforts to expel it, to maintain life, and we call it labor. This, again, illustrates that to live means to react upon the forces of nature with a continual system of adjustment and relation.

As the germ cells develop their inherent life under varying nutritive conditions in the organism and in large numbers with their special variations, we at once appreciate how and why we have such variations in families, although alike in type. This explains also some of the special anomalies and pathological results of heredity, as when both parents are alcoholics and all the cells of the body weakened and deranged in function, of which the germ cells play a related part, and thus with disastrous results. It is not the "peculiar structure" of Weismann

nor the special inheritance of La Marck, but the simple disturbance of the nutritive life and function of the germ cells, as well as the body cells, in their reaction upon the environment with greater or less economy.

Another thought here suggests itself: That time in life when the general nutritive functions are at high tide is best to rear the most active, strong and virile offspring. Indeed, here the natural instincts are better than our reasons.

Heredity is functionally organized memory. It is not the material organism, with its germ cells, that is heredity or life, but their related unity of functional activity. Memory in its widest sense is the organic history of the world. From the simple cell, to man, every organism is an organized living memory of cumulative function. Organic physical memory is the basis of evolution, the idea of heredity, the science of biology. It is always a unit of life, it varies only in amount of organized relation to the unity of nature.

Heredity is not an entity, a special fact, but an idea in the general phenomena of life which we observe flows on like a mighty river; has its source in the simple cell, becomes ever wider, deeper and larger, until it again flows out into the infinite ocean of the unity of nature. As the little spring that grows into a mighty river pours its energy into the ocean is not lost, but remains ever fresh and active by having its energy carried back by the way of wind and evaporation, so the stream of life that has its source in the simple cell goes through the same circuit and system of transformations and changes. The physics of the one is that of the other. As the spring is not the river, so the simple cell is not the highly colored stream of the special life. The simple germ cell always remains the same simple cell as the spring the same spring. The latter by its continued activity causes erosions and changes in time, as well as the simple germ cell. It is one only of difference of degree, plasticity and organization. The germ cell with its growing stream of life is a specialized and highly organized circuit of functional activity, or energy, woven out of the unity of nature; an interdependent and related part of it. The spring that grows into a mighty river is also a specialized and continuous circuit of physical energy, subject to and a part of the same unity of nature, but there is a characteristic distinction between them.

The river is a related part only of the general unity of energy; is a specialized and organized energy in the energy, the terms of which alone exist in the unity of nature. Indeed, we might even conceive it as an artery in the specialized life of the earth. Nevertheless it is only a special energy in the unity of energy.

The stream of life that has its source in the simple cell, while it is also a related part of the unity of energy, is itself a unit of energy. It is a little energy or world woven out of the great energy or world; a finite life of the infinite life. As the artery with its flowing blood in our body is a related part of the unity of our life, so the river is in the unity of nature. Without the arteries in our body there could be no more a unity of life than there could be a unity of nature without the flowing river. Life is a finite individual world created out of the infinite world.

But how then did life come to be in the first living cell? The same lawful physical forces that caused the spring to gush forth and become the source of the mighty river are the same physical forces that caused life to spring forth upon the surface of the earth in the first simple cell with its ever increasing and constructive stream. Our finite life, idea or world,

is a related part of the infinite idea or world without a broken link in the physical chain of its architectural and creative unity.

As the special phenomenon we call heredity is here the subject of investigation, and which we find is only an idea bounded on all sides by limitations, a never ending problem that delves into physics, physiology, psychology and philosophy, a further study of it here is out of place. If we have succeeded, in at least a vague and diffuse way, of impressing the idea that the phenomena of heredity and life are related, systematic, lawful and orderly parts of the unity of nature, the gates will have been unlocked that will lead us into the more diffuse field of the world problem along these physical and mechanical principles, the end of which will not be a hopeless and rayless materialism, but an inspiration, hope and faith of such simplicity which has characterized the simple philosophy of man, from early dawn to the present, that he is a life, a world, an idea, created or woven out of the infinite life, world or idea.

Here we have always worked and worshipped, and while the problem is not now any nearer solution, increasing system and unity of their relation makes it not only more profound, but correlative. Our finite life and world is a related and interdependent part of the infinite life and world; is a reality, the truth of which cannot be questioned; is our inspiration, faith and hope to continue the good work in The Work.

PLEURISY

I have oftened wondered why I have never had a case of pleurisy with effusion in the last five years. Can it be because of the large doses (10 grs.) of calomel I have used since 1896?—C. E. Boynton, B. S., M. D., Los Banos, California.

BRAIN INJURY WITH LEFT HEMIPLEGIA.

By R. J. C. Strong, M. D., Arlington, Wis.

At 6:30 p. m. May 16, 1902, the patient, a girl 7 years old, was injured by a pitchfork, one tine entering her face about one centimeter to the right of the median line of the glabella. The father, hearing the child's cry, hastened to her aid and found her lying prostrate over the pitchfork. When placed on her feet she required support, apparently being unable to use either left leg or left arm. She was carried into the house. I was called and at 7:30 p. m. found the patient in her grandmother's arms who was constantly shaking her and calling to her to keep her awake. The wound was touched with absorbent cotton and bled easily. A probe was not used. The child was immediately placed on a couch and, although persistently drowsy, answered a few questions briefly but intelligently. The child was then put in bed and quiet enjoined. At different times there was complaint of pain in the right arm and leg. The upper lid of the right eye was greatly swollen and the lids entirely closed. The patient was restless from the inception of the injury. At 8:00 p. m. the temperature was 98.4°, pulse 94, respiration 16; ⅛ grain codeine was given.

For years the child has been highly excitable and nervous and has suffered from symptoms of gastric derangement. I did not expect a permanent paralysis from an injury in such a location. The parents were advised to watch the child carefully all night.

The child's condition during the following night greatly alarmed the parents and early in the morning of May 17th they sent for Dr. John Binnie of Poynette, four miles distant, who administered to the child, after

examination, epsom salts together with an enema of glycerine and water, and ordered tincture of aconite. He carefully opened the external wound and about one drachm of thick, dark fluid escaped. Dr. Binnie recalled me to the case at noon and I remained with the patient that afternoon and the following night. The stupor deepened continually during the night of May 16th and 17th and during the day of the 17th, but the child could be aroused by considerable effort and was able to answer a question intelligently, but immediately relapsed into stupor again, Pulse was at 128 all day, respirations 38 and temperature was 100° at 6 p. m. At 9:30 p. m. pulse was 122 and respirations 40.

May 18—3:00 a. m., temp. 101.2, pulse 112, resp. 32; 3:30 p. m., temp. 102.8, pulse 120, resp. 30; 5:30 p. m., temp. 103, pulse 140; 9:10 p. m., temp. 101, pulse 140. Consciousness returned at 5:30 a. m. for a short time but the child relapsed into a deep stupor and lay in that condition all day and the following night except when aroused by persistent effort. Pronounced restlessness all day; some movements suggested opisthotonos. Vomiting occurred at 11:00 a. m. Once today the patient resisted with considerable force the efforts of the doctors to flex and extend the left forearm. Left patella reflex sluggish. I remained with the patient all day and all night.

May 19—3:20 a. m., temp. 102, pulse 102, resp. 22; 1:40 p. m., temp. 102, pulse 96, resp. 22; 8:15 p. m., temp, 101.4, pulse 96, resp. 24. Stupor all day. Patient quieter in the afternoon, and once moved her left leg and left arm. Child vomited several times during the day but it was not projectile in type. Bowels moved, black, twice late in afternoon.

May 20—8:15 a. m., temp. 100, pulse 94, resp. 24; 4:00 p m., temp. 101.4; 8:00 p. m., temp. 100.4, pulse 88, resp. 22. Stupor gradually passing away. Patient awoke naturally several times and seemed conscious of everything. Pupils equal and light reflex present; special senses apparently not affected. Many watery black movements during the day, changing to greenish brown in the afternoon.

May 21—9:30 a. m., temp. 99.6, pulse 88. resp. 20; 8:00 p. m., temp. 99.6, pulse 88, resp. 22. Patient conscious for many hours continuously, at intervals during the day, and once spoke voluntarily, saying to her mother: "I could not help running into the pitchfork." First complaint of headache today. Tongue heavily coated—brown center and gray at sides Bowel movements black brown color.

May 22—6:00 a. m., temp. 99.4, pulse 92, resp. 22. Stupor passing away; patient conscious for longer intervals. Bedsore developing over left ileum, also one sore on inner surface of each cheek; divergent strabismus pronounced at time of examination. Patient complained of hard headache, always frontal and just above glabella. Dr. Binnie and I met at home of the patient today to look her over together.

May 23—7:30 a. m., temp. 98.8, pulse 90, resp. 18; 8:00 p. m., temp. 98.8, pulse 90, resp. 20. Patient often complained of headache, but was less drowsy, tongue heavily coated, breath bad, sordes collecting on teeth.

May 24—Slight movement left leg, none of left arm today. Left corner of mouth immobile. No strabismus, bedsore improving. Both physicians examined the patient again today in company.

May 25—8:30 a. m., temp. 98.6, pulse 104, resp. 16. At 8:30 a. m. patient bright, all symptoms good; bowels loose, color of movements changing from black to green brown.

May 26—7:45 a. m., temp. 98.8, pulse 110, resp. 12. Child uses fingers of right hand, while eating, to

remove material from between left cheek and teeth. Several movements of bowels, watery, producing green stains on linen when dry.

May 27—Patient less drowsy than on previous days; some complaint of headache. The physicians went together to see patient.

May 28—Temp. 98.8, pulse 110, resp. 22. Headache continues, same trouble while masticating food, movement of bowels light colored.

May 29—7:30 p. m., pulse 104, resp. 20. Complaint of headache and of pain in left leg. Bowels in good order.

May 30 and 31—Slight, if any, apparent improvement.

June 2—Patient complains less. Once today child clenched left hand and raised it with forearm tight against her chest.

June 3—Less complaint of headache, but child cries easily. Left side of face expressionless, bedsore well, left patella reflex present, patient eats well and sleeps well, and today sat up in bed.

June 4—Again today the child spasmodically clenched left hand and raised forearm tight against her chest.

June 5—Child nervous and cries constantly in presence of doctors. Left leg feels more natural to patient and supports entire body weight without pain; tongue clear and moist, left patella reflex active, left elbow reflex noticeable.

June 8—Patient shows improvement, sensation returning in left leg but not in left arm, headache after crying. Child awake most of the day and seems natural in every way. Tongue clear and moist, good appetite, natural sleep at night. I met Dr. Binnie again today at the home of the patient. Discontinued all drugs except syrup of hydriodic acid.

June 10—Patient drags left foot in attempting to walk with mother's support.

There occurred again today a spasmodic movement of left hand and arm; patient able to lift left leg and foot from the floor.

June 14—The physicians found the patient today dressed and sitting in a chair. The child is able to walk when supported, swinging left foot in a semicircle and placing it before the right toes in and down. She can move slightly the left hand and forearm; left side of face immobile when smiling. Continued syrup hydriodic acid.

June 22—Patient walks unaided all about the house; left leg "feels funny;" tonic contraction flexor muscles of forearm and leg; child able to lift left hand to mouth but whole arm swings backward in the effort; left side of face expressionless when smiling; small, hard nodule at point of injury; no headache, good appetite, feels well; left patella reflex exaggerated, right patella reflex sluggish.

July 29, 1902—Patient exhibited at morning session of Central Wisconsin Medical Society. Improvement slow and continuous.

Drug indications were met as they arose. Morphine and codeine were given for pain and restlessness, phenacetine and aconite for restlessness and fever; potassium iodide and syrup hydriodic acid for alterative and absorbent effects; scale pepsin, dilute hydrochloric acid and fluid extract cinchona, red, detannated, for stomach; podophyllin, blue mass, salicylate of soda and bismuth subnitrate for bowels.

A HINT.

Whenever a patient knows that he is taking iron, quinine, sulphur, salts or whatever it may be, there is a suggestion at work that is more liable than not to work counter to his welfare, besides lowering his ideals regarding the medical profession.—Dr. C. E. Boynton, Los Banos, Cal.

ALKALOIDAL THERAPEUTICS.

Original articles, reports and notes on dosimetry are desired for this Department.

COLDS.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

In acute nasal catarrh with profuse watery secretions and ordinary sore throat belladonna is a remedy of great efficacy. Give atropine grain $\frac{1}{250}$ every hour till dryness of the throat supervenes.

Remember camphor in colds. Excellent results are obtained from camphor and also from camphor monobromate administered according to dosimetric principles.

The following compound has been proven by experience to be of great value in colds:

℞ Camphor, five parts
Ammonium carb., four parts
Opium, pulv., one part

Dissolve the camphor in ether to the consistency of cream and add the remaining ingredients. Dose 3 to 10 grains.

A few doses of aconitine and strychnine arsenate will sometimes abort a cold effectually.

ATROPINE.

Atropine is the remedy in mercurial salivation.

Atropine sulphate with iodide of potossium is a valuable treatment for lead colic.

Atropine is of great value in treating incontinence of urine in children. One dose each night just before retiring will often permanently cure the trouble. Reports have been made which show cures in about eighty per cent. of cases by atropine in dose of $\frac{1}{500}$ grain three times a day.

Drs. Abbott and Waugh say regarding the administration of atropine: It is in all cases best to administer atropine by the intensive method. The dosimetric granules are all too large for accurate dosage. One containing gr. $\frac{1}{1000}$ would be preferable. Of these one may be given to an adult, best in solution, every five to twenty minutes, according to the urgency of the case, until the first evidence of action is manifest.

Dr. W. J. Craigen says: There are two diseases in which I desire to emphasize the employment of atropine: first, in all hemorrhages. Though useful throughout the entire duration of typhoid fever, it should be the first remedy resorted to in epistaxis and intestinal hemorrhage, and given to effect. I have had most experience in epistaxis. In asthma I believe it to be the best remedy we have. I consider the valerianate preparation preferable. In my experience it relieves the distress quicker and better than glonoin.

CAMPHOR MONOBROMATE.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

Monobromate camphor is useful in hysteria, tremens, chorea, pertussis, insomnia and genito-urinary lumbago. The writer once used it effectively for a young lady who had been temporarily insane for some weeks.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

DISEASE OF THE GALLBLADDER.

It is generally understood, that many cases of chronic digestive disorder,usually looked upon as chronic gastritis and unsuccessfully treated as such remedially and by lavage, and going for years the rounds of all the doctors within reach, depend in reality upon a diseased condition of the gallbladder or the ducts. Treatment then should be directed to those organs. When the disease is simple or in its incipiency, medical treatment may cure it. But we know, from theoretical reasoning, clinical experience, and post-morten find, that even a simple catarrhal irritation can cause the formation of gallstones. What can internal medication do then? Give temporary relief—certainly; furnish a full cure—that is very doubtful, to say the least. Now, among over 400 operations on the gallbladder, Drs. J. W. and C. H. Mayo of Rochester, Minn., who do a greater amount of gallbladder and stomach surgery than any surgeon in America, found five per cent of cases of primary cancer of the viscus, and in every one of those cases there were present gallstones or unmistakable evidence of their having been present. Dr. Ochsner of Chicago has the same experience, as he told the writer, and nearly all surgeons of note agree to the observation. The conclusion is inevitable that gallstones constitute one of the causes of primary cancer of the gallbladder, probably by reason of the constant irritation they produce.

This a matter of vital importance to the general practitioner, for it concerns not some rare ailment which we may not run across for a lifetime, but on the contrary a class of disease which we, all of us, see every day. When we have a case of digestive trouble which will not yield to intelligent and systematic treatment and in which we can exlude general systemic affection, as beginning tuberculosis, we should never fail to investigate the biliary organs. Gallstones form readily and may be present, even where the typical biliary colic has not yet appeared. An example: Two days ago the writer saw an abdominal hysterectomy for large fibroid. After finishing the work in the pelvis, the operator, Dr. J. W. Mayo, passed his hand upward in the abdominal cavity and announced and removed a handfull of gallstones. The woman's sister, closely questioned, could not recall any history of biliary attacks, her physician, who was present, had never seen any reason to suspect disease of the gallbladder. Gallstones again may bring on cancer, a fatal disease under present medical knowledge. Can we, as physicians, cure gallstones? I believe not, in spite of the many claims set up for various remedies. There remains only one logical position. Send your patient to the surgeon, when you have made out biliary disease, just as we have learned to do in case of appendicitis, or for exploratory incision, if your diagnosis is doubtful. Early diagnosis is demanded. The outlook is not cheerful for the physician, but the logic of facts is inexorable. If surgery can cure, where eternal medicine cannot, then internal medicine must retire to the background and no amount of faultfinding or complaining will be able to retard the readjustment of territory between the two branches of our science.

CANCER AND THE X-RAY.

Some months ago we spoke of the cure of cancer by the X-ray and the evident limitation of the treatment to superficial growths. An article in the August number of the Indiana Medical Journal shows another phase of the question. After speaking of the undoubted chemical affinity of the X-ray for sarcomatous tissue, Dr. A. E. Sterne, the author of the paper, asks the pertinent question. Whither goes the morbific malignant tissue or its toxic products? Are these readily and rapidly excreted by the emunctories, or are they retained for any length of time within the body, to act in their turn deleteriously? In answer he reports the case of a lady affected by enormous tumors, encircling the neck and extending into the chest, inoperable. Alarming condition, X-ray used with very good results. Tumors diminished in size, as the action of the X-ray was brought to bear on them successively, breathing and heart symptoms improved. But soon a swelling of the spleen was noted which increased at the same rate at which the tumors diminished, symptoms of a general septic state were clear, finally coma and convulsions set in and patient died with every mark of violent general sepsis. A similar experience was related by another physician, although that case was not so well observed as the first. The conclusion was that, owing to the urgency of the conditions, the destruction of the sarcoma, for such it was proven by the microscope, was undetaking too rapidily. The toxic material of the tumors destroyd the life of the patient. The case teaches a valuable lesson. Possibly a slower, more intermittent procedure must be adopted, so as to give the system the chance to throw off the septic decaying tissues or substances.

MEDICAL RECIPROCITY.

It is pleasing to note, that the agitation of this question has brought about some satisfactory results. The last report of the New Jersey state board of examiners tells that in several instances certificates from other states have been accepted and the Minnesota state medical society has decided to apply to the next legislature for such amendments of the medical practice act, as to allow the admission of licentiates of other state boards. The final settlement of the question is not yet near. Competent interpreters of the federal constitution agree that the creation of a national board of medical examiners would be unconstitutional. The suggestion that we unite on a voluntary board has met with much favor, but numerous practical objections are being brought forward. The present medical generation will have to bear the inconvenience and injustice of present measures, those who come after us will enjoy the fruit of our struggles. A medico-legal decision of importance has been rendered by the supreme court of Alabama. It holds that osteopaths must acquire license in that state by passing an examination before the state board, as all other medical practitioners. Let us hope that the example will be follwed by other states. Everyone, who wishes to exercise the healing art in any of its methods, should have to give evidence of competency before the proper judges, afterwards it may safely be left to his judgement and conscience and is to be settled between him and his patrons, what line of practice he intends to follow, be it water or electricity, large or small doses of medicine, this or that principle of application, or no medicine at all, only mechanical therapeutics. Such a law would be most effective in suppressing the numerous medical fads and irresponsible pathies with which we are infested, just as existing laws have brought about an approach between former hostile brothers, regulars, homeopaths and eclectics.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CONVULSIONS.

Dr. Thomason's appeal for help moves me to give my experience in the treatment of convulsions.

Causes of convulsions: High fever, worms, overloaded stomach or bowels, irritation of brain from various causes, congestion, anemia, blood irritants, poisons of various kinds, uremia, teething and reflexes of various kinds.

I saw a boy of fifteen after death who had a saddle turn with him, the horse dragging him around the yard; his thumbs were turned in; he evidently died in a convulsion and from fright.

Convulsions strike terror to the hearts of all beholders and call for quick and decisive action on the part of the medical attendant. The quickest way of arresting them probably is by putting the patient in a warm bath and pouring water over the head. I have never seen this fail to bring a patient out of a convulsion. It brings the blood to the surface, cools off the body and tends to equalize the circulation. Inhalation of chloroform is also quick and temporarily effectual, an emetic to unload the stomach if necessary, an enema to unload the bowels—that is, the colon—and some small doses of calomel to clear out the alimentary tract, and this is also good if worms are the cause. I always give heart tonics as soon as I can to avoid the imminent danger of the heart ceasing to beat. A small dose of atropia is good every way, respiratory stimulant, heart tonic and circulation equalizer. I used to give bromides to draw blood away from brain. They are good and safe combined with heart tonics.

Late years I work in nuclein to sustain vitality and tide over patient to safety. Reduce the fever with baths, aconitine guarded with digitalin, atropine and brucine to sustain the vital powers. Have plenty of hot water handy so that child can be instantly put in warm bath if necessary, and have child watched constantly by a person who thinks more of the child's life than they do of a little sleep.

I believe I have seen from fifty to one hundred different cases of convulsions. I have lost one baby about three months old who was injured at birth near the anterior fontanelle, and a post mortem revealed pus pressing on membranes as the cause; one case of an old lady who had a rupture of a vessel of the brain and never regained consciousness; one baby of cerebrospinal meningitis, who had a number of convulsions, and a boy of about sixteen who died in convulsions because he disobeyed instructions. Two other cases I will have to add to my death list, two children having convulsions caused by cough medicine. All the other cases have survived.

There are a number of indications to be met in the scientific treatment of convulsions: 1. Check the convulsions as soon as possible. 2. Remove the cause of them as soon as possible. 3. Sustain the heart, respiration and vitality till all danger has passed away.

In checking convulsions our zeal must be tempered with knowledge. In giving chloroform watch the pulse and respiration very carefully and keep in safe limits. On one hand the convulsions must be checked; on the other, avoid a lethal dose of chloroform. Withdraw the chloroform as soon as the convulsion ceases. I have never given morphine or opium to a child in

convulsions. These agents congest the brain and should be avoided.

Carefully examine patient and inquire into history and remove every known cause. I generally slip a tablet of nuclein into the mouth of child to be absorbed from the tongue. Sometimes it is necessary to rub the throat of the child to cause it to swallow when it is unconscious, when giving medicine. Carefully watch every symptom, and an old lady who has brought up a family is here a very valuable assistant in caring for a child, when good care means life and the lack of it death. As soon as the convulsions are checked, mild tonics, bland nourishment, careful nursing.

Dr. Ben Brodnax recommends a large dose of calomel to check convulsions; 10 to 20 grains, I believe, for adults. It is worth trying and should be remembered in an emergency. In children when teething lance the gums if necessary. It is worth something to be a good fit doctor. One great art for a doctor is to be able to keep the family cool and inspire confidence, so that the mother won't have a fit before the child comes out of one; one fit is all a doctor can manage well at one time.

Here's hoping the editor won't give me fits for writing so much on the subject of fits. M. C. MARTIN, M. D.

Heartwell, Neb.

SOME GYPSY SALVES.

There is a whole lot of medical and surgical lore locked up within the crania of the semi-civilized, the savage and the nomadic races which if in the posession of "us civilized people" would be called medical wisdom. Every once in a while some of us come in contact with an untamed medicine man and get worsted in the contact. Such an experience befell me some fourteen or fifteen years ago.

I had a physician bring to me a patient suffering from a necrosis of a terminal phalanx, following a neglected felon. Without any hesitation or compunction the offending portion was amputated, but in an effort to save as much of the finger as possible, I failed to take away sufficient diseased bone to secure perfect union. The flaps at the ends of the fingers healed over but there was left a sinus on either side of the digit from which there was a constant discharge, and which led down to the inflamed bone within.

All the local stimulating and vulnery remedies known to me at that time were tried, combined with such internal ones as were supposed to have a healing effect upon bones. But in spite of all my efforts those sinuses refused to heal and at last I proposed a second amputation. To this the patient demurred and said he wanted to go home and talk it over with his folks. He didn't show up again for a week; his finger was healed over very nicely; his flow of Anglo-Saxon was ornate and forcible. After he had departed and the atmosphere had cleared up I filtered from his remarks that his finger had been cured by an old gypsy woman who was camped out at the edge of the town. (This was at Indianapolis, Ind.)

Having a streak of the nomadic in my own makeup I had in years gone by picked up quite an acquaintanceship amongst the gypsies of the Ohio river valley, and one of my friends was the old gypsy "queen," then residing near Dayton, Ohio. I was determined to get the secret of the successful treatment used in this case, for I was then doing a great deal of railroad, machine and factory surgery and crushed fingers were frequent items in my case book. If it worked so well in this case it might do as well in others. So leaving my professional dignity behind I sought out the camp. A few inquiries elicited the informa-

tion that the woman in the case was the wife of Spardia, a gypsy doctor, whose home was near Dayton; some palaver developed the fact that we had mutual friends in the tribe, and inside half an hour I was on good terms with the entire outfit. Two or three visits were made before the object of my search was broached, but meanwhile I saw several cases of badly hurt hands and feet dressed with various salves.

Some things come to some people who wait some time and the desired formulae came to me. I found that my gypsy friend used three salves in her work, that these she had obtained from her husband and that they were in common use by the doctors of the various Romany tribes throughout the Mississippi valley. Here they are:

NO. 1. GREEN SALVE.

℞ White pine turpentine
Lard, fresh, a a ℥viij
Honey
Beeswax, yellow, a a ℥iv
Melt, stir well and add
Verdigris, powd., ℥iv
M. Sig. Apply locally.

Said the gypsy matron, "It can not be surpassed when used for deep wounds as it prevents the formation of proud flesh and keeps up a healthy discharge."

NO. 2 SALVE FOR ALL WOUNDS.

℞ Lard, fresh, ℥xvj
White lead, dry, ℥iij
Red lead, dry, ℥j
Beeswax, yellow, ℥iij
Black resin, ℥ij
Mix, melt and boil for forty-five minutes, then add
Common turpentine, ℥iv
Boil for three minutes and cool
Sig. Apply locally to cuts, burns, sores, ulcers, etc.

Romany comment: "It first draws, then heals afterwards."

NO. 3. IRRITATING PLASTER.

℞ Tar, purified, ℥xvj
Burgundy pitch, ℥j
White pine turpentine, ℥j
Resin, common, ℥ij
M. Melt and add
Mandrake root, powd.
Bloodroot, powd.
Poke root, powd.
Indian turnip root, powd., a a ℥j
M. Sig. Apply to skin in form of a plaster (spread on muslin) and renew it daily.

Spake the oracle: "This salve will raise a sore which is to be wiped with a dry cloth to remove matter, etc., etc. The sore must not be wetted. This is a powerful counter-irritant for removing internal pains, and in other cases where an irritating plaster is necessary."

When these formulae came into my possession the first thing I did was to try to civilize them, to eliminate those ingredients which to my mind were inert, but I found that under the civilizing process the salves lost much of their value. I have since then made them according to the rules and regulations laid down above, using exactly the ingredients specified, and peace has reigned within my bosom. To any of my friends who may want to try the salve I would suggest that they "obey orders if it breaks owners" even though they may have to search a good deal to secure some of the obsolete components.

CORRECTIONS.

In the article on "Removing Scales From the Colon" in the August number, the description of making the home-made irrigating electrode is not as lucid as it might be because of errors in the type. To correct these, and to make sense of the paragraph, turn to page 243 and put a semi-colon after the word "groove" at the end of the tenth line; then with your pen

knife scratch out the semi-colon in the eleventh line. Now drop down to the seventeenth line and with your pen change the word "cut" to "out" by simply closing the opening in the east side of the letter c. Having effected these transformations, read the paragraph over again and you will realize that Dr. Perry was sober when he wrote it and the typo ditto when he Merganthalered it.

RALPH ST. J. PERRY, M. D.
Farmington, Minn.

TREATMENT OF ERYSIPELAS.

Noticing in your last issue an interesting article on erysipelas by Dr. Ben H. Brodnax I thought perhaps my experience in treating the disease might be acceptable, differing somewhat from the doctor's. We all admit that experience is worth a great deal more than theory and whether the bugs that cause erysipelas are red, blue or black, if we only know the medicine that will make them sick of their job, that is the essential point to understand.

It is sometimes curious to note the various forms of treatment employed by different physicians for the same disease, and though widely differing in nature arriving at the same result. Tincture chloride of iron is the one remedy that has stood out conspicuously for years as the one specific in the treatment of erysipelas. Although other remedies have often been used in conjunction with it I think that preparation of iron holds precedence to all others and is seldom omitted in the treatment of this disease.

Whether the bowels are unloaded or not or the kidneys stimulated to increased action, it seems to act regardless of special conditions of the system and speedily controls the disease. I admit, however, thorough anti-sepsis of the bowels is an important essential and would in no wise neglect it. No doubt the tincture of iron acts not as an antitoxin specifically but as a tissue builder and blood-food.

In erysipelas there is always a depleted condition of the system, and not only should we give remedies to maintain the vital energies, but also alimentation that has for its object the same end in view. If the iron is given I think it should be in heroic doses. I usually take a four-ounce vial, fill it one-fourth full of iron, then add one ounce of phosphoric acid dilute, and fill with simple syrup. One teaspoonful in one-quarter glass of water every three hours. This makes a nice clear mixture very palatable and seldom disagrees with the stomach. I have frequently given with the iron, calcium sulphide, but never saw any beneficial results follow or that the disease was more readily controlled by its use.

I have always thought that the addition of the phosphoric acid had a beneficial action on the branches of the capillaries in the skin and their accompanying nerve terminals, for here is where the case is principally situated and any remedies which act especially at the seat of the disease would be particularly indicated.

Investigation has proven that the streptococci of erysipelas are found most numerous in the connective tissues of the cutaneous system. They are seldom found in the bloodvessels and the phagocytes in the blood serum cause them to disappear.

Accepting the theory that the connective tissue of the skin is the home of the streptococci of erysipelas the question of the beneficial results of local applications would naturally be suggested to our minds in the treatment of the disease. I believe their use is not only indicated but is of great assistance in controlling cutaneous inflammation and jugulating the disease. Exclusion of air is of

great importance, and for this purpose preparations of petroleum or lanolin are suitable. I have used frequently locally with good results solution of subacetate of lead, one ounce to the pint of water; also poultices of elm where the parts were very sensitive and greatly inflamed.

For the last year I have used locally an antiseptic solution called saola, prepared by Tilden & Co., of New York. This remedy is a specific for poisoning by ivy, and I reasoned if efficacious for such an inflammation so closely resembling erysipelas, why not use it in the latter disease, which I did and obtained better results than by any other local application I ever used. Under its influence and the administration of the iron the disease is frequently aborted in from 36 to 48 hours.

In a recent publication it is recommended to use around the diseased area hypodermic injections of carbolic acid. This would no doubt act as an antitoxin to destroy the cocci and prevent the spread of the disease to adjacent tissues, and seems a very rational mode of treatment.

I do not suppose I have advanced any specially new ideas in regard to this disease and yet my treatment differs somewhat from any that I have seen printed, hence I offer it for the consideration and possible benefit of the profession.

FORDYCE H. BENEDICT, M. D.
Weedsport, N. Y.

CONTRACT DOCTORS.

The states of the Rockies are full of contract doctors. Miners and smelters hire them. One dollar per month is the usual rate. There are also secret orders that make a doctor monopoly for parasite physicians that make a specialty of said "secret" manipulation in more ways than one. They study the ritual much and their medical literature sometimes (?). They perambulate the streets on hand-shaking expeditions. With one hand they give the secret grip, with the other they grip the dollars. Some of them are floor walkers for drug stores. Contract doctors, however, are supes for the undertaker. Often the writer has encountered the case that after months of contract treatment at last gets his eyes opened and begins to hunt a real doctor. Contract Doctor Brown has seven kegs and seven taps. He can treat and furnish medicine for thirty patients per hour, and after these are disposed of he goes his rounds among the 400 who pay him fees for his services. Today I had a candidate for an office in the cemetery declare that he was getting treatment free because he was a member of the brotherhood of some secret Woodland Retreat.

And Dr. Tupercent is a brother. His heart is slopping over with brotherhood affection for dirty Sam Plugcut, who has a brain but little better than a Congo pigmy. Dr. T. fairly smells of greenbacks but Brother Plugcut dreams that in Dr. T. he has a comrade that will stick by him and all his dirt until the judgment day. And this little wizzle-hearted, greenback-perfumed doctor poses as a chief high adjunct commander and high muckamuc champion of humanity. He gives the undertaker the grip but the wink is understood. The rank and file on the back seats pay their dues and get free doctor and free undertaker, and blessed are they in their innocence and sincerity. Perhaps when they get very sick they will send for an M. D. that finds no time to study rituals.

DR. C. E. BOYNTON.
Los Banos, Cal.

Man is a Cell-state.—Virchow.

The Wisconsin Medical Recorder.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. SEPTEMBER, 1902. No. 9.

VIRCHOW.

Rudolph Virchow, the greatest pathologist and scientist of the world, died at his home in Berlin, September 5. He was not only a great scientist but one of the greatest physicians of the age, being generally known as the "grand old man of medicine." His death was the result of a fracture of the neck of the femur received in a fall from a street car last January. The fracture never healed and gradually his condition became worse until death came.

Virchow was born October 13, 1821, at Schivelbein, Pomerania. His father was a small shopkeeper and farmer of limited means. He was educated at the "Volkschule" of his native town and at the gymnasium at Hoslein. At 17 he went to Berlin and began the study of medicine and received his degree five years later. In 1846 he became head of the Charity hospital and in 1847, when but 26 years of age, was appointed extraordinary professor at the Univerversity of Berlin. He first came prominently before the public in 1848 when he was appointed junior member of a government commission to investigate the epidemic of typhus fever among the starving inhabitants of the Silesian highlands. His report was scientific, brilliant and pointed. He did not hesitate to attribute the epidemic to maladministration of the province. This introduced him into politics but his radical views in championing the cause of the people caused his expulsion from the chair of the University. He immediately accepted a professorship in the University of Wurzburg where he remained for seven years, doing some of his greatest work and adding greatly to the fame of the University. There he labored on his great work, "Cellular Pathology," which when published in 1858 made his name immortal. Before his discoveries medical pathology rested upon the humoral theory of disease which was vague and unscientific, but with the demonstration of his cellular theory began the progress of modern medical science. In 1856 he was recalled to the University of Berlin and was made professor of pathology and director of Pathological Institute, established by the Prussian government. His work, discoveries and writings in the field of pathological science are enormous.

In 1859 he was elected by the Liberals a member of the municipal council of Berlin, where he waged a successful campaign against municipal corruption. This resulted in his election as a member of Reichstag, where he became the leader of the Liberals in the House of Deputies. In his ardent support of the rights of the common people he antagonized Bismarck and the government.

He was an indefatigable worker in all lines. In politics, philanthropy, medicine, pathology, archeology, anthropology, Rudolph Virchow was truly great. His work, his name and his fame will live in the ages to come.

X-RAY THERAPY.

The clinical data which are rapidly accumulating will soon place the X-ray as a therapeutic agent in a position where it can be used safely and effectually. The report to which Dr. Speier refers in this number presents one danger which can be avoided by care in the future. At the meeting of the American Electro-Therapeutic association at Catskill mountains, N. Y., Sept. 2 to 4, X-ray therapy was the leading subject of discussion. It was generally agreed that superficial malignant growths and lupus can certainly be cured by it. There is yet considerable difference of opinion regarding internal growths, although cures were reported of cancers of the uterus, rectum and larynx. In advanced cases which will prove fatal the X-ray relieves the pain, removes the odor and diminishes the discharge. Cures by the X-ray were reported of tubercular glands in the neck, sarcoma, antrum disease, carbuncles, nevi, chronic inflammatory processes, fibroids and pustular acne. The transactions of this meeting will be very useful to physicians practicing electro-therapy. It is to be hoped that the association will at once publish this report and place it on sale to the whole profession. To be of especial value it should be issued promptly.

EDITORIAL NOTES.

Our readers will appreciate the series of articles on practical surgery commenced in this number of the Recorder by Dr. Charles C. Miller. The articles which Dr. Miller has contributed to the Recorder in the past have been widely read and quoted. Dr. Miller has recently located at the Hotel Mentone, Chicago, which will be his permanent home. He will give special attention to surgical practice. He has had an extensive experience in surgery at his former field of work, Memphis, Tenn., and has spent the past summer in visiting the leading surgical clinics of this country. He is an able surgeon, careful in his diagnosis, and efficient in his treatment and operative work. The doctor will furnish the Recorder an article regularly every month.

Dr. W. P. Marple, of New York City, reports in the Medical Record an epithelioma of the eyelid cured by adrenalin chloride solution, 1 to 1000, applied to the eyelid. Apparently the bloodlessness following the use of the adrenalin acted like ligature in compressing the vessels and gradually the most peripheral portions of the mass died and were rubbed off in small scales. This is the first report of this kind made. In the near future we shall have further reports. Dr. Marple has two other cases under treatment. The Recorder editor has a case and another surgeon of this city also has a case under similar treatment, the results of which will be reported later.

We wish to call our readers' attention to our label premium. We will, for the present, send the premium labels to all subscribers, both new and renewal, who pay for a year's subscription in advance. It will pay you to give this your attention as we may not always feel so liberal.

The clinical report which Dr. Strong furnishes the Recorder this month excited much interest and discussion when read at the last meeting of the Central Wisconsin Medical society.

Dr. H. Gasser's article in this issue is a good exposition of "Omnis cellula e cellula."

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE INTERNATIONAL TEXT-BOOK OF SURGERY.—By American and British authors. Edited by J. Collins Warren, M. D., L L. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital, and A. Pearce Gould, M. S., F. R. C. S., surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of the Royal Court of Examiners of the Royal College of Surgeons, England. Volume II Regional Surgery, with 471 illustrations in the text, and eight full page plates in colors. Pages 1072. Cloth $5.00; Sheep $6.00. W. B. Saunders and Company, Philadelphia and London.

In the June Recorder we reviewed the first volume of this cyclopedic work on surgery; the two volumes make a very valuable and exhaustive treatise on surgical work. Each chapter is written by an expert fully competent to write accurately and authoritatively. The chapter on the surgery of the neck is well presented by Dr. A. Pearce Gould. Dr. John B. Deaver contributes the section on surgery of the oesophagus. Dr. J. C. Warren gives the chapters on surgery of the breast, technic of abdominal surgery and acute intestinal obstruction. Dr. Robt. W. Abbe writes the chapter on peritonitis and Dr. Chas. McBurney that on appendicitis. Chapters not usually given in surgical works are: Military Surgery, by Dr. W. H. Forwood of the U. S. Army; Naval Surgery, by Dr. Chas. A. Siegfried of the U. S. Navy; Tropical Surgery, by Dr. James Cantlie. Some of the other contributors to the volume are Doctors Wm. T. Bull, Wm. B. Clarke, Wm. B. Coley, H. H. Curtis, John W. Elliot, M. L. Harris, R. Matas, A. W. Mayo Robson, Wm. S. Rodman, Weller Van Hook.

Each writer gives the indications and technic of the operations so that they can be quickly and satisfactorily used by the practitioner. Every physician needs up-to-date works on surgery and we are sure no one will regret purchasing this one. The elegant cuts and colored plates elucidate the text on all subjects.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Cloth, $2.00. Volume 2; 12 series. J. B. Lippincott Company, Philadelphia and London.

The latest volume in this valuable series of books presents valuable contributions by prominent American and European clinicians. Prof. R. Lepine, of the University of Lyons (France), writes a summary of modern

ideas on the treatment of diabetes mellitus. Dr. R. Romme, of Paris, explains Gersuny's method of prothesis by subcutaneous and submucous injections of vaseline. This article clearly explains the technic of this procedure and shows the indications for its use. Every medical practitioner will be interested in and helped by the article on the treatment of simple ulcer of the stomach by Dr. Albert Robin, of Paris. Dr. F. Litueu, of Paris, reports two cases of immediate death caused by the spinal injection of cocaine. The large per cent. of fatalities from this method of anesthesia demonstrates that it is suitable only in certain cases where it is especially indicated. P. L. Daniel, F. R. C. S., of London, contributes an instructive article on pancreatic cysts. Dr. Cartairs Douglas, of Glasgow, writes a suggestive article on the presence and the significance of beta-oxybutyric acid in the urine of diabetes and its relation to the coma. Dr. John C. Hemmeter, of Baltimore, concludes the valuable treatise on gastro-intestinal intoxication, which was commenced in the preceding volume of the Clinics. Prof. Thomas Jonnesco furnishes an article on resection of the cervical sympathetic, illustrated with a number of plates. These are but a few of the clinical subjects in the book but will give some idea of the good things it contains. An interesting description is given of Dr. H. A. Kelly's elegant private hospital at Baltimore. The book is prettily bound in red cloth and illustrated with numerous cuts and plates.

GENERAL MEDICINE.—Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago, with the collaboration of S. C. Stanton, M. D. Pages 271. Cloth $1.50. Chicago. The Year Book Publishers.

This book is volume six of the Practical Medicine Series of Year Books which is being issued under the general editorial charge of Dr. Gustavus P. Head. Ten volumes are issued each year, the price being $7.50 for the set. This is the second volume in the series on general medicine and in connection with the other volume gives a resume of much of the new literature on practice. The latest ideas on typhoid fever are given at considerable length. Articles upon yellow fever, malaria, dysentery, malaria, diseases of the pancreas, gall-stones and diseases of the biliary ducts show the more exact knowledge which recent discoveries afford us.

MATERIA MEDICA AND THERAPEUTICS; PREVENTIVE MEDICINE; CLIMATOLOGY; FORENSIC MEDICINE.—Edited by George F. Butler, Ph. G., M. D., Henry B. Faville, A. B., M. D.; Norman Bridge, A. M., M. D., and Harold Moyer, M. D. Pages 270. Cloth $1.50. Chicago. The Year Book Publishers, 40 Dearborn St.

This work is volume seven of the Practical Medicine Series of Year Books. The section of the book on materia medica and therapeutics occupies 145 pages of book and is written by Dr. George F. Butler. This book nicely supplements Dr. Butler's treatise on materia medica which we noticed in this department last month. The two books make a complete and up-to-date work on materia medica. Abstracts are presented on new drugs, on photo-therapy, X-ray therapy and other late therapeutic measures. Dr. Faville writes on preventive medicine discussing among other things the prophylaxis of tuberculosis, small pox, malaria, yellow fever, typhoid. Dr Norman Bridge gives a summary on climatology and Dr. H. N. Moyer presents late abstracts on forensic medicines.

BOOK NOTES.

The last issue of the Quarterly Journal of Inebriety presents a variety of articles on this important subject. If you are interested in inebriety, write to Dr. T. D. Crothers, 56 Fairfield Ave., Hartford, Conn., for the Journal.

Dr. M. C. Martin, Heartwell, Neb., will soon issue a work on modern materia medica. Dr. Martin is a practical, concise writer, as our subscribers know from the original contributions which the Doctor has furnished the Recorder from time to time for several years.

The Surgical Clinic, the new journal of practical surgery published at Ravenswood Station, Chicago, is rapidly becoming a leading publication, in spite of the fact that some less progressive and successful journals have dubbed it a "commercial" journal. Leading surgeons and practical workers furnish the articles. If you have not seen it, we advise you to drop a card for a sample.

Battle & Co., of St. Louis have just published Chart No. 9 in the series they are issuing to illustrate fractures of the long bones. This colored plate represents a fracture of the humerus above the condyles. This series of plates is very useful for reference to anyone doing any surgery. The plates are furnished free of charge to physicians.

We are receiving a good many inquiries from our readers as to where they can obtain "Contributions to Practical Medicine," by Dr. James Sawyer, which we received in the July Recorder. The book is published by Cornish Bros., Birmingham, England. P. Blakiston's Son & Co., 1012 Walnut St,, inform us that they intend to import a supply of the book and will keep it in stock so that our readers can readily obtain it from them. It is a most valuable little work on practical medicine, containing information unobtainable elsewhere.

"Manual of Physiological Cell Medication" is the title of a little book by, Dr. John Aulde, Kennett Square, Pa., just issued. The book brings to the attention of the profession valuable clinical data relative to the physiological properties of certain well known medicinal substances. Recent experimental investigations by scientists have developed new facts which are of such a revolutionary character that there is a pressing demand for revision in teaching, and in many instances, an entire change in methods of practice will obtain as a result of more extended studies bearing upon cell function. This manual is a preliminary effort in developing the practical adaption of cell medication with respect to a limited number of remedies and will be followed later by a more extended report, covering in detail many of the subjects briefly referred to or simply hinted at in this work. A copy will be sent free to Recorder readers who apply to Dr. Aulde and it is well worth sending for.

In a couple of characteristic timely articles the September McClure's contributes to the discussion of the two great public questions which have survived the adjournment of congress—Cuban Reciprocity and the Trusts. William Allen White's "Cuban Reciprocity, a Moral Issue;" is a very live article. "Attorney General Knox, Lawyer," by L. A. Coolidge, is also very much to the point as a characterization of the man in whose hands, at present, the trust question lies. Both articles are illustrated with splendid portraits. The human side of the Martinique disaster forms the subject of A. F. Jaccaci's paper on "Peelee the Destroyer," which, with its wonderful drawings by George Varian, gives the best picture yet published of the desolation

wrought by the volcano, of the horrible relics of its dead, and the pitiable plight of its living victims. Santos Dumont's second paper on "How I Became an Aeronaut," and Miss Stone's fourth paper are of special interest.

In the September Success John Gilmer Speed describes the methods and purposes of the much mooted beef trust, in an article entitled, "The Beef Trust and the Public." He gives a very thorough meaning of the reasons for the trust and its relations to the general public. David Buffam contributes an interesting article on "The Correct Method of Training Horses," which seems to be of value to all who appreciate horses. Martha McCulloch-Williams' "The Idlers" is a story of outdoor life that cannot fail to awaken some sort of inspiration in the most sordid. Henry VanDyke and Hamilton Wright Mabie contribute interesting editorials on education, and Wu Ting-fang writes about his impressions of America. There are twenty-eight prominent names among those in the list of contributors. The issue is one that should be welcome in every home. It contains a fine variety, from its more ambitious subjects, stories and poems, to the humorous bug pictures by the noted Gus Dirks.

Ellen Olney Kirk's new novel is published entire in the September number of Lippincott's Magazine. Besides the complete novel Lippincott's has a fine showing of short stories: Josiah Flynt contributes, "The 'Won't Go Home'," which is a rattling good tale of a steam calliope and a party of speculators in the far Orient. Ina Brevoort Roberts furnishes "The Fifth Wheel." "The Hidden Man," by Karl Edwin Harriman, is a first-rate story of a western tramp, treated with vigor. A Mormon story told by Lily Munsell is called "The Undoing of Apostle Jones." The underlying tragedy is brightened by a fourth wife's determination to see fair play. Albert Payson Terhune writes a tale about honor on a newspaper. This is entitled "A Park Row Galahad," and is an instance where a reporter learns that he "cannot serve two masters." Eben E. Rexford always gives seasonable points on the subject of his specialty—gardening in all its branches. The "Walnuts and Wine" department is bristling as usual with fun.

The first of a series of remarkable articles entitled, "The Woman That Toils," begins in the September number of Everybody's Magazine, published by John Wanamaker. Two New York women, Miss Marie Van Vorst (daughter of the late Chancellor Van Vorst) and her sister-in-law, Mrs. John Van Vorst, well known in the social and literary world, determined to find out for themselves how their less fortunate sisters lived. They went without any money and obtained emplyment in different factories in Lynn, Pittsburg, Chicago and Columbus. The story of their experience is one of intense human interest and while told soberly and without any trace of sensationalism, makes an impressive contributon to the general knowledge of social conditions. A series of important papers by Booker T. Washington, principal of the Tuskegee Institute, on the moral value of manual training and labor, begins in this issue. "Work with the Hands," the first article, is largely autobiographical, and explains how the author learned self-respect and satisfaction from handwork well done. Another important article is a character study of England's new prime minister, Arthur Balfour, by T. P. O'Coanor. Everybody's is a magazine which every doctor can read with benefit.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Vegetaline.—This is a new substitute for butter made by a French firm. It is made by refining the oil extracted from the dried cocoanut. The manufacturers claim it is wholesome, pure and cheap and that it is better than butter in making pastry and biscuits. Vegetaline promises to supplant oleomargarine on account of its superiority.

Deadly Caraway Seed.—We all can recall how highly in the days of our youth we prized the caraway seed cooky for a little lunch. This is a pleasure which the children of the future will be deprived of as the dangerous nature of the caraway seed is understood. This seed is so hard that it is not softened by the digestive fluids but passes through the gastro-intestinal tract but little altered. Its sharp ends are very irritating and it is possible for them to perforate the intestinal wall. It is now thought that cases of peritonitis of obscure origin were caused by these seeds. The irritation of the seeds may cause abscess, ulcer or cancer of the stomach. A case was recently reported of an ischiorectal abscess caused by a caraway seed which was found in a perfect condition in the abscess. Late reports show that it is a wise hygienic measure to stop the use of caraway seeds in cooking.

Bright's Disease.—The success which Dr. Geo. M. Edebohls, of New York, has had in operating for chronic Bright's disease leads him to state that he is prepared to operate on any case of chronic Bright's disease, if the patient has no incurable complications, can take an anesthetic and has a probable expectation of life of one month. In Edebohls' operation the kidney is first separated from its fatty capsule, then the fibrous capsule is carefully stripped off of the kidney and excised close to its junction with the pelvis of the kidney. The denuded kidney is then dropped back into the fatty capsule and the external wound closed, with no drainage unless the parts are very edematous. Dr. Edebohls has operated upon 16 patients for chronic Bright's disease and all have recovered. The object sought is to increase the arterial blood-supply to the diseased kidneys.

The fibrous capsule, especially when altered by disease, becomes an almost impenetrable barrier to the passage of blood vessels between the kidney and the fatty capsule. The fatty capsule and the denuded kidney are both liberally supplied with blood vessels, and both are brought closely together over the whole surface of the kidney by Edebohls' operation.

Ergot.—In last month's Recorder we gave a short summary of Dr. Soll's very original report on the uses of ergotin. We are pleased this month to present part of a paper on "The Broad Therapeutic Action of Ergot," by Dr. Alfred Livingston, of Jamestown, N. Y., from the New York State Journal of Medicine. Many have regarded ergot as only a hemostatic and ecbolic, and have given little attention to the very large therapeutic field of this most valuable remedy. As ergotin is a purified ergot and the solution is excellent for hypo-

dermic use, those who prefer ergotin can use it wberever the writer recommends ergot. Dr. Livingstone writes: Gradually through years of practical experience, there developed in my mind a theory of its action which I now believe to be rational, and I have marveled many times that I had not seen in the beginning, or more nearly in the beginning, what has now long seemed so plain. Ergot contracts unstriped or involuntary muscular fiber. It, therefore, contracts blood vessels. It does not, however, contract all blood vessels alike or equally. If it did there would remain the same relation of disturbed equilibrium. Ergot contracts those blood vessels most which are relaxed, and so contain too much blood. I believe it to be the greatest equalizer of the circulation which our present materia medica gives us. The most magical and beautiful effects of ergot are seen in acute or recent disturbances of the circulation. If a congestion has existed in any locality for some time there is then something more than a congestion—a tissue alteration has occurred which will not be immediately corrected by the equalizing effect of ergot on the circulation; at the same time the securing, to the greatest possible extent, the equilibrium of the circulation is the best means toward bringing about those tissue changes. This suggests the alterative action of ergot, for if a proper supply of blood is brought about and continued in any part which has been congested and as a result of the congestion has structurally altered, those occult vital processes that belong to that part will restore the normal structure. Again, congestion interferes with function, whatever the organ, from skin to brain. If the congestion be acute, recent, the hypodermic application of ergot to the general circulation will immediately restore the accustomed function. I have seen cases of aphasia and hemiplegia relieved completely within an hour by one or two hypodermic injections of ergot. In the same manner I have often arrested convulsions and intense states of nervousness bordering on the convulsive. Even the extreme cyclonic disturbance which we call hystero-epilepsy has yielded at once and permanently to ergot. I believe that nearly all symptoms that come under the general term nervous are due to irregular blood supply, and and in all such ergot will give more or less relief, dependent upon the acute or chronic character of the case. The nervous agitation of the alcohol or opium habitue will be relieved by ergot more promptly than by any other means of which I know. In treating the habit cases I immediately and wholly discontinue the narcotic, regardless of the extent to which it has been used, and never substitute any other. Within twenty-four or thirty-six hours after such discontinuance the extreme nervous reaction will occur. As soon as the case comes under my care I begin to administer ergot hypodermically and apply galvanism to the cervical and spinal sympathetic centers, and in the worst cases I have ever seen a period of forty-eight to seventy-two hours has sufficed to restore nervous equilibrium, after which the treatment of such cases is easy to the physician and comfortable to the patient.

In a case of opium poisoning three grains of morphia had been administered hypodermically to relieve an intense pain. Two physicians had worked over him for hours before I was called to see what my battery would do for him. I found him lying on the floor limp, cold, cyanosed, absolutely pulseless; even the heart-beat could not be clearly detected. A care-careful examination discovered three or four respirations to the minute. I had him lifted upon a couch and applied the full strength of a large faradic coil, with at first no perceptible

effect, but after a long time there were contractions of the pectoral and intercostal muscles, and still later he winced as the electrode was drawn over the chest or side. Finally he cried out from the pain of the treatment, but the moment the application was suspended he relapsed into the former stupor, and no other means except the strong current aroused him in the least. While I was treating him I asked myself, "What is the condition that produces this universal paralysis?" But one explanation occ to me—intense cerebral and pulmonary congestion and lack of oxygenation With that thought came the idea of ergot to contract the dilated vessels. I immediately suggested this theory and measure, but one of the two physicians would not consent to it. He believed, as we all had believed, that the man would die, the friends would believe that we had killed him. I was obliged to yield for the time, and went on with the faradism. A little later this physician was obliged to go to his office, and after he had gone I gave with the approval of the other doctor, a hypodermic injection of ergot. Within twenty minutes the patient was sitting on the couch without support and conversing with us as clearly as if he had never been influenced by an opiate, nor did he relapse in the least degree from that moment. His life was saved by ergot. From that time to this I have never given a dose of morphia hypodermically (which I seldom use) without combining it with ergot to prevent the congestive action of the morphia, and I do not have the unpleasant after effects of that drug which I used to see. I say that I seldom use morphia, and the reason is that I have found that in the majority of cases of pain in which morphia is ordinarily used to give relief, ergot alone does relieve the pain. I therefore conclude that pain is not so much "the cry of a nerve for food" (as some one has poetically declared) as it is the cry of a nerve because overloaded blood vessels are squeezing it too harshly. In a case of appendicitis, diagnosed as such by Dr. Roswell Park, of Buffalo, ergot promptly relieved the intense pain which morphia had not soothed. In the same case the pulse rate was reduced forty beats in half as many minutes. I have often observed the calmative effect of ergot upon heart action, both in reduction of number of pulsations and in their quality, producing in a short time a soft and regular pulse. One of the most satisfactory effects of ergot I have seen several times in that distressing condition called angina pectoris. In every case in which I have used ergot hypodermically relief has been marked before I had completed the injection. The same satisfactory result has followed the use of ergot in asthma. When I speak of the use of ergot it may be understood that I always mean the hypodermic injection of the drug unless I particularly specify otherwise. There is no comparison between the effect of ergot administered hypodermically and its administration by the mouth. Outside of the class of emetics it is one of the most offensive drugs to the stomach, and no assurance can be felt as to the extent or promptness of its absorption. On the contrary, I have never seen any ill effects from ergot administered hypodermically, although I have given to the same patient more than one thousand hypodermic injections of ergot. I have frequently given four syringefuls (each containing three grains of the solid extract) in succession as rapidly as I could refill my syringe, as I once did in the case of the late Dr. Waterhouse, to whom I was called by Dr. Wiggins, who had been attending him several days in a so-called uremic attack. When we entered the room the patient said, "I cannot see you; I cannot see

anything." His head and neck were very much congested, and we both regarded his condition as serious. In addition to the ergot I thoroughly dry-cupped the cervical region, and as he had been constipated for some days I gave him a mercurial purgative, followed by a saline. You will appreciate the relief given him when I tell you that the next day he came to town and attended to his duties as pension examiner in company with his confreres of the board.

There is one word that is so intimately associated with the effect of ergot that I have heard it uttered by my patients thousands of times. That word is "comfortable," and it implies and expresses as well as any other word the subjective sense experienced by the patient after a proper amount of ergot has been administered. The pain, or nausea, or nervousness, or apprehension, or palpitation, or sense of weakness, which had existed are gone, and the patient says, "I am comfortable." In this respect it is much more satisfactory, both to patient and physician, than in the relief of pain by opiates, for the physician knows in advance, and the patient will soon discover, in the majority of instances of the use of the latter, that there is a more or less dreadful reaction. There is absolutely no such reaction from ergot. There is but one condition in which I use especial care in administering ergot, and that is during menstruation, yet I can safely say that in an experience of more than twenty-five thousand hypodermic injections of ergot I have not produced uterine cramp half a dozen times. I never hesitate to give ergot to a pregnant woman when it is indicated, and I have never had a woman abort from its use.

Headache is perhaps the most common disorder in which the beautiful effect of ergot is demonstrated. The instances in which I have failed to relieve headache, however severe or long continued, by ergot are few and chiefly such as were associated with zymotic fever. When the nervous centers are constantly prodded by the poisoned or bacteria-laden currents which are flowing through them it is not reasonable to expect the symptoms to be relieved by merely contracting the dilated vascular areas. A peculiarity of ergot that should always be considered by the physician who uses it is the mild and gentle character of its action. It does not overwhelm like the opiates, producing their effect in spite of the patient, but it needs to be permitted to have its effect. If, for instance, I gave a hypodermic injection of ergot to relieve a headache and the patient immediately arose and went about his business he would probably have little benefit from it. The patient should always remain quiescent, better recumbent, for at least half an hour after an administration of ergot, and if he does the probability is that he will fall asleep. While I do not class ergot as a hypnotic I do assert that it is one of the best aids to a hypnotic, producing a longer-continued and more natural sleep and avoiding the unpleasant sense of "having a head" which is so often experienced on awaking after taking a hypnotic. Another striking effect of ergot is the prompt relief of coldness of the extremities and of poor general circulation. This, of course, is due to the more equal distribution of the blood, but the effect is so noticeable to the patient that I hear remarks to the above effect almost daily.

Pneumonia, especially when involving both lungs, is so dreadful an affection that I will take the liberty to relate another "case" which illustrates the therapeutic value of ergot. My friend Dr. Shaw called me one stormy night to Kennedy to see a young man who, with one exception, was as severe a case of double pneumonia as I have seen. Respiration could be detected only in the lower half of the left

lung. The temperature was high and pulse and respiration very rapid, and at each expiration a moan from the sharp stabs of pain. I immediately injected ergot into his arm, and gave him, in all, four syringefuls. Between the injections I applied drycups over the chest, back and sides. Before I had emptied the second syringeful the patient took a deep breath and exclaimed, "Why! it does not hurt me now to breathe!" The doctor reported to me later that the case, which had begun so seriously, became a mild, simple one, and progressed satisfactorily to recovery.

There are many other conditions in which I have seen delightful effects of ergot, as in concussion, sunstroke, meningitis, delirium tremens, neurasthenia, sea and car sickness, inflammatory affections of the skin, iritis, retinitis and deafness. I believe it is indicated in typhoid fever to modify the local congestion which leads to the most serious element of that disease, the breaking down of the intestinal wall. I have repeatedly arrested peritonitis and pelvic inflammations by ergot. In fine, ergot is indicated wherever the unstriped muscular fiber is relaxed. As a heart support, especially in those serious states denominated heart failure, ergot accomplishes what the entire list of so-called heart tonics fail to accomplish, because they merely prod an exhausted organ, while the ergot contracts the congested areas which have been obstacles to the heart and have produced its fatigue.

I will further detain you only to speak of one other field in which ergot should be permitted to do its effiecient work. I will not be surprised if this suggestion evokes the smile incredulous upon the faces of our surgical friends. We are living in the most glorious era of surgery—the area of antiseptic surgery, the area of the surgeon's victorious battle against the infinitesimal bacterium. Why this battle and why this exultation over the victory? The obstacle in all ages to the surgeon's success has been inflammation. The bacterium provokes inflammation. Antiseptics destroy the bacterium. I rejoice in these discoveries, and would not utter one word that might be construed as depreciating them. But before these momentous discoveries were made thousands and tens of thousands of successes in surgery occurred. When operations resulted successfully there was vascular tone in the subject. If there is a proper vascular tone the bacterium cannot produce inflammation, for the first stage of inflammation is congestion—a vascular relaxation. Where there is not proper vascular tone ergot will produce it, and, notwithstanding all the advantages of modern surgery, I believe it to be the best preparation which can be made for an important surgical operation to get the subject well under the influence of ergot, and also that one of the best after-treatments is to keep him so influenced, and it is now nearly twenty years since I began to act upon this theory.

Speaking of surgery reminds me of my former teacher and friend, Dr. Julius F. Miner, who always took occasion at some time during the term to jokingly animadvert upon medicine as contrasted with surgery. He would finish by saying that he only needed three elements from the materia medica with which to practice medicine—namely, mercury, quinine and opium, and, indeed, he thought he could get along without the first two. While I am not a surgeon and do not animadvert upon the materia medica, I have often thought that if I were obliged to select three medicaments with which to practice medicine they would be mercury, the cinchona alkaloid and ergot—these three; but the greatest of these is ergot.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

SKIN-GRAFTING.

By T. J. Biggs, M. D., Sound View Hospital, Stamford, Conn.

CASE I.—SKIN-GRAFTING WITH CALLUS SHAVINGS, IN BLOOD.

Mary M.; age 60 years; Irish. Diagnosis, ulcer of leg. Patient admitted to hospital March 3, 1902. She had a large varicose ulcer situated over the tibia, about 3½ by 2 inches. This condition had existed for nine years, and during that time in spite of all treatment employed had never entirely healed. It had been skin-grafted in the old way, three times unsuccessfully. At the time of entering the hospital the patient suffered so severely from pain that at times she would cry out. She was put to bed, secretions regulated, the ulcer cleaned up by means of a dermal curette, and dressed for the first twenty-four hours with a Thiersch pack. On the morning of March 5, after the surface had been thoroughly cleaned up, a bovinine-pure pack was applied and kept wet with the bovinine for twenty-four hours.

On the morning of the 7th I determined to employ grafts secured from a callus on the small toe, in order to demonstrate the technique of this mode of skin-grafting to five visiting physicians. The mode of procedure was as follows: The callus was thoroughly scrubbed up, and the external layers scraped off. Then thin sections of the layers next to the true skin were obtained by means of a very keen razor. Nine of these were deposited on the ulcerous surface. Over these were laid strips of perforated rubber tissue, then strips of plain bisterilized gauze saturated in bovinine, and a bandage applied. The nurse was instructed to keep the dressings wet with bovinine-pure. This dressing was removed on the 14th, and it was found, much to the delight and astonishment of the visiting physicians, that out of the nine grafts employed eight were firmly adherent and in a healthy growing condition. The ninth had become displaced and was removed. The wound was now dressed with bovinine-pure, the dressings being kept wet and changed once in twenty-four hours. Co-incident with the local dressings, from the outset, the patient had been given a wineglassful of bovinine in milk, alternating with wine and beer every three hours. On March 24, she was discharged cured, the entire surface having become covered with the new healthy skin.

This experiment has been employed frequently enough by me to demonstrate that where the technique is carefully followed it will in the majority of cases yield the most gratifying results. A point of interest in this case and a usual one, is that from the day of the first dressing of the bovinine up to the time the patient was discharged she was relieved of all pain.

CASE II.—SKIN-GRAFTING WITH SKIN-SCRAPINGS, IN BLOOD.

Anna H.; age 12 years; American. Diagnosis, burn on right hand. Patient was admitted to hospital March 8, 1902. As a result of the burn she had on the back of her hand an ulcerous surface 2 by 1¾ inches, very painful, and in spite of three months'

treatment had refused to heal. It was impossible in this case to secure skin-grafts, and as I wished to demonstrate to the visiting physicians who were present the efficacy of skin scrapings as a means of bringing about a rapid healing of small surfaces where grafts could not be obtained, with an ordinary vaccinating comb I secured skin scrapings from the little patient's arms, leg and back. These were deposited within the periphery and dressed as in the other case. The dressing was kept wet with bovinine-pure until the morning of the 16th, at which time it was removed and to the delight of the visiting physicians, as before, the surface was found to be almost entirely healed, there remaining unhealed only a small space about the size of a ten cent piece, in the center. The wound was now dressed with bovinine-pure and the nurse ordered to change it every 24 hours. Internally the patient had been getting a teaspoonful of bovinine every two hours in peptonized milk. March 24 she was discharged cured.

CASE III—SKIN-GRAFTS HEALED IN SIX DAYS, WITH BLOOD.

Arnold L.; age 24 years; German. Diagnosis, wound of the left cheek, the result of being thrown from a street car. Patient admitted to hospital March 10, 1902. The wound was filled with gravel and dirt, and involved almost the entire side of the face. A space in the center of the cheek, 2 by 1½ inches, was completely denuded of skin. In this case it being desirable to have the wound heal rapidly and with no evidence of scar, I determined to use grafts of normal skin sufficiently large to entirely cover the denuded surface. These grafts were secured from the patient's arms. The wound was dressed as in the other cases, the dressing being kept wet with bovinine. March 17 the dressing was removed and the wound was entirely healed, leaving no evidence of a scar whatever, but around the periphery there was some decided redness. This is probably the most rapid case of healing on record.

FRACTURES.

No class of cases have so frequently resulted in malpractice suits as that of fractures. It has been a problem to all physicians and surgeons to establish a satisfactory treatment for fractures, particularly those of the lower extremity, for the results with the old time splints, plaster casts and traction have been anything but satisfactory.

In keeping with the vast experience, teaching and writing of Prof. Senn and other eminent surgeons of an international reputation, there has been on the market for the past two years what is known as an ambulatory pneumatic splint.

The principles of this splint are simple and ideal from a mechanical and surgical standpoint. Air cushions covered with washable covers of linen and cotton flannel, re-enforced with two adjustable steel plates, circle the thigh and fit against the bony prominences of the hip and the perineum, while the leg and thigh are immobilized with adjustable cushions and the ankle is encased in a substantial pneumatic sock.

By means of eight adjustable steel tubes attached to these circular bands any degree of extension and counter extension may be easily and accurately obtained.

These splints make an open dressing which permits of frequent examination, bathing, massage, dressing and ventilation of the limb without any difficulty. There is no compression, the cushions are not tight and are so made as to have ample room for free circulation.

To those who have noted the unfortunate results of constriction this is a valuable point. The feature, however, which commends itself to every surgeon is that it permits of such superior treatment in the recumbent or ambulatory position. These splints are so firm and at the same time so light that patients are able to be on their feet, and during the time that they are walking around their limbs are in even extension, the weight of their bodies being sustained by the tuberosity of the ischium.

This splint, aside from fractures of the leg and thigh, is also used for fractures of the hip joint and hip joint disease with marked success.

We can unqualifiedly recommend these splints to our readers and advise them to write the manufacturers whose advertisement is among our pages.

"ARE YOU IN PAIN?"

You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the Boston Medical and Surgical Reporter, by Hugo Engel, A. M., M. D. The author says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In 92 per cent. of all cases it immediately stops the pain." Farther on Dr. Engel compares antikamnia with the other coal-tar derivatives. He says that while some of these are valuable remedies for the relief of pain, "not one of them is so certain in its effect in comparatively as small a dose and so prompt in giving relief as antikamnia in every kind of pain." This uniformity in its action leads him to believe that antikamnia possesses properties differing from the other coal-tar products, while it is certainly free from danger, if given in anything like reasonable quantities, which is not the case with other products from coal-tar. Five-grain antikamnia tablets afford the most accurate and convenient form for administration.

PAPINE.

In discovering this drug Battle & Co. have conferred a lasting favor on the medical profession. We know the opium of which they make their papine is the best. Papine has a place in my medicine case and it is emptied as often as any vial in the whole case. I nearly always have a bottle with my obstetrical cases for after pains and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results; also in a case of severe uterine colic I find that with papine I do not have to use my hypodermic syringe so often.—W. E. Russell, M. D., Wyatt, Texas.

ITS DISTINCTIVE FEATURE.

One needs but to review the physiologic activities of the remedies recommended as tonics and reconstructives to realize the fact that practically all of them have some secondary effects which detract from their clini-

cal value. It may be that they irritate the stomach and thereby excite repulsion on the part of the patient or even induce nausea and vomiting; some of them are astringent, others primarily stimulating but secondarily depressing—and so on through the entire category of remedies, objections more or less serious may be found. It is, therefore, a matter of great importance to employ a remedy which is not only free from deleterious by-and after-effects, but which adapts itself to use as a routine remedy in the many and diverse conditions that call for tonic and reconstructive medication.

The one remedy which many years of experience proves is entirely free from detrimental effects, is Gray's glycerine tonic. This preparation is of pleasant taste, agrees perfectly with rebellious and sensitive stomachs, patients never tire of its continued administration, and it is extremely effective in restoring tone and vigor to the entire system.

The entire freedom of Gray's tonic from anything like drug effects, is one of strongest reasons why the best element of the medical profession have adopted the remedy for routine administration in all conditions associated with impairment of general health, lack of nervous energy, general exhaustion—in anaemia, malnutrition, neurasthenia, and in chronic wasting diseases.

PTOMAINE POISONING.

During the past summer I had, perchance, more cases of ptomaine poisoning than in all my previous twenty-nine years of active practice. I presume that the prevalence was greatly due to the extraordinary heat of this summer. Nothwithstanding the severity of some of the cases, my patients all recovered.

Before entering into a detailed description of some of the most severe cases, a definition of the word "ptomaine," with some views of competent authors, will be well placed here.

"Ptomaine," says V. C. Vaughan, "may be defined as an organic chemical compound, basic in character and formed by the action of bacteria on nitrogenous matter." He further states that "some fish are always poisonous. Others are poisonous, or at least markedly so, only during the spawning season. Still others are subject to epidemic bacterial diseases, and those affected with certain of these diseases furnish flesh that is toxic to man, or in other words, the bacterial disease is transmitted to man with his food. Lastly, fish, like other kinds of meat, may become infected with saprophytic germs that may harm man."

Schmidt says: "The poisonous substance is not distributed throughout the animal, but is confined to certain parts. The poisonous portion cannot be distinguished from the non-poisonous, either macroscopically or microscopically."

I treated altogether twelve cases, of which nine were fish and three lobster poisoning.

The best illustration of a severe case of fish poisoning is the case of William R., a grocer, thirty-two years of age, of robust and good health. He made his lunch of fish (none in the family could give me any information about the class of fish). It was an unusually hot day, in the month of July. He felt no discomfort until after midnight that day, when he was awakened by nausea and griping pain in his bowels. Soon vomiting set in of mucus, colored with bile. When I was summoned I found the man with cold perspiration pouring down his face. Soon after fever set in to a temperature of 102; pulse, 140; respiration about 40, shallow and irregular. Pain in the stomach and intestines, with

great sensitiveness on pressure. I proceeded to wash his stomach and large intestines, administering right after a dose of five grains of calomel, following it up, the coming morning, with a bottle of citrate of magnesia, for the cleansing of the small intestines. Morning's temperature, 101; pulse, 130; with excessive tenderness to the digestive tract. Second day, temperature the same, pulse more firm, sensitiveness to stomach and bowels diminished, having had a number of watery stools during previous day and night. I prescribed an antiseptic intestinal wash, glycozone, two ounces, hot water, twenty-four ounces, for mornings and evenings. At my evening's call the temperature was 100; pulse, 110; respiration, 28. Having had some favorable experience with the internal use of glycozone in acute gastritis, I then prescribed a teaspoonful to be given, diluted with water, every three hours. This treatment was kept up for a week, until all unfavorable symptoms disappeared.

The other case of serious nature was a lobster poisoning. Mrs. M. S., about twenty-five years of age, was eating a "fresh" lobster in a first-class restaurant, at night, after a theater performance. She felt some discomfort right after eating it, but thought to counteract it by drinking a big dose of whisky. She slept all night without disturbance. However, in the morning, when I was summoned, I found her suffering from nausea, vertigo, ringing in the ears, "like big bells," as she expressed it, pain in the joints and griping pain in the bowels; no stool. Temperature, 101.5; pulse, 140; respiration, 36. The same treatment as above was prescribed, and the woman made a quick recovery.

All other cases were treated similarly, with gratifying results.

However, taking good advice from my first case, I started with the antiseptic treatment at once, as I don't know of any better remedy to stop vomiting than glycozone. Alex. Rixa, M. D., New York, in Medical Summary.

PEPTO-MANGAN.

I used pepto-mangan (Gude) last spring in the case of a patient who had suffered for a number of months with chronic gastro-intestinal catarrh and severe diarrhoea, and had been perceptibly reduced in strength and weight. The result was very encouraging, and since then the preparation has been continued and the patient has distinctly improved. The expectations of a complete cure for her trouble are very good. In my opinion this preparation is a very commendable remedy in all conditions of weakness, because it is so readily digested and so well tolerated.—Dr G. Kimmig, Bad Petersthal, Schwarzwald.

SABALOL.

Of all the preparations now before the public, there is none more useful than sabalol spray. I have used it for a long time to form an opinion as to its value. In the first place, it is non-irritant, and can be used in cases where the surfaces are so sensitive that other preparations cannot be applied on account of their irritating properties. I have used sabalol spray in phthisis pulmonalis, and laryngeal phthisis where there is cough and copious expectoration with most gratifying results. In nasal catarrh in its various forms the results are most gratifying. In tonsilitis, pharyngitis and acute coryza attending colds it acts as nothing I have hitherto used in alleviating the pains and discomforts attending these diseases. I have recently applied it in whooping cough, and shall continue its use. I have appled it in diphtheria, and would give it a trial in diphtheric croup if I had an

opportunity to do so. When we consider its composition and how readily and equably it can be applied to the air passages we must be at once impressed with its general utility. The oily menstruum is protecting and soothing, and the germicide properties are too well understood to require more than a casual mention to impress the practitioner of its wide application.

This statement is based on a careful trial of the sabalol spray, and I can honestly recommend it to the profession.—Dr. W. F. Barclay, Pittsburg, Pa.

ALETRIS.

I believe aletris cordial to be a great remedy for the various uterine diseases. It acts as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmenorrhea, with good results. Aletris cordial is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles.—W. T. Wilson, M. D., Bunker Hill, Ind.

IODINE.

Every physician is acquainted with the great therapeutic value of iodine in various diseases, but, although it has been known for many years as one of the most tried and trusted agents in the materia medica, many physicians, while recognizing its value, have been obliged to give up using it, owing to the disturbances and evil effects it produces when given in the form of an iodide.

The therapeutic action of Burham's soluble iodine, although similar to the iodides, is much more varied, and includes a much wider range of action. It may be classed, in a general way, as a powerful alterative, tonic, diuretic and absorbent. It reduces all forms of chronic inflammation, stimulates tissue changes, restores the nervous equilibrium, and absorbs and dissipates pathological tissues.

The field for iodine is very large, and includes almost all of the diseases, owing to its powerful and far-reaching action on the human economy.

H. C. Wood, in his work on therapeutics, says: "Iodine and its salts enter into all the tissues and fluids of the body, even into serous and other exudates."

Burham's soluble iodine is just what its name indicates. It is soluble in water and is not precipitated by either acid or alkali. Its solubility does not depend on the alcohol present, for it can be added to water in any proportion without precipitation. A very important consideration is the fact that this iodine preparation is non-irritating.

LOCOMOTOR ATAXIA.

Dr. Hamilton Forline, of Chicago, reports the following case which has been under treatment at his sanitarium:

Locomotor ataxia of four years' duration, specific history, very severe type, inco-ordination so marked that the patient was unable to walk with crutches without great assistance; marked lightning pains and incontinence of urine. The patient's condition was so severe at the beginning of treatment that little, if any, hope was given him. The results of four month's treatment are that the bladder incontinence has entirely subsided, he is able to discard his crutches and can walk with the assistance of only one walking stick; pains have disappeared with the exception of a few tingling pains which amount to nothing, as he expresses it. This case in all probability will never get well, but I have advised continuation of the treatment, with the strong hope that he will be able to resume some useful occupation.

BRIEF MENTION.

The X-ray helps Bright's disease.

In acute rheumatism tincture iron chloride sometimes gives good results.

The products of the Elgin Milkine Co. are perfect foods. Write for samples and prove it.

If you fit glasses you need the revolving trial set made by Edward Clark, Dunkirk, N. Y.

Dr. J. O. Ogborn, a Recorder subscriber, of Green Hill, Ind is over eighty years of age and has practiced medicine for over fifty years.

"I have used Hagee's cordial cod liver oil repeatedly, and hold it in high esteem."—S. A. Hageman, A. M., M. D., Cincinnati, O.

Where there is nerve exhaustion remember arsenauro. It is a tonic alterative of great power, as shown by clinical reports for years.

Your patients will be glad to know of a good tooth powder. You can get a good supply of samples of Dr. Grave's tooth powder for the asking.

The Wheeler Chemical Works, Chicago, make some valuable preparations. Information regarding them and free samples supplied to Recorder readers.

Neurilla should be given in teaspoonful doses every three or four hours in all fevers, as it relieves nerve-tension and conserves the vitality and strength of the patients.

I have found Abbott's saline laxative entirely satisfactory, especially in intestinal troubles when associated with W-A intestinal antiseptic.—Geo. H. Burleigh, M. D., Syracuse, Neb.

Lanikol is anodyne and locally anesthetic in its action and stops itching and allays irritation almost instantly. It is antiseptic to a marked degree which makes it an ideal surgical dressing along with its many other usages. Send for sample, free to Recorder readers.

I have used Abbott's saline laxative and find it very beneficial in sick headaches, dyspepsia and other stomach and bowel troubles. I am now using it in a case of stomatitis. It is working well.—J. P. Compton, M. D., Flag, Missouri.

Dr. Becker's compound digest has been prescribed by me for several years past, more particularly in indigestion and diarrhoea of children, and I have no hesitation in recommending it as a valuable remedy in such cases. —R. N. Tooker, M. D., Chicago.

When I saw the formula of triacol or elixir guaiacol compound, (Alpers) it struck me at once as a rational combination of remedial agents. My experience confirms that of many other physicians, and I find it exceedingly serviceable in the first stages of tuberculosis, as well as all troubles of the bronchial tubes.—C. A. Whitney, M. D.

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LEADING ORIGINAL ARTICLES.

SKIN-GRAFTING.

(Second Paper.)

By Charles C. Miller, M. D., 100 State St., Chicago.

In my last article, it was my object to impress the practitioners reading it, that the operation of skin grafting need, nor should not be confined to the surgeon or specialist, nor within hospital walls. The operation is feasable and indicated even where the patient must submit to it under the most unfavorable surroundings.

The cases selected are from among those in which the patient was most unfavorably situated, in fact in a position where no advantages were present and the surroundings not only crude but actually and grossly dirty. It would be superfluous for me to report cases operated upon within a hospital, for much has been written regarding the operation in this situation, and no one would profit thereby.

The first case, a woman of 55 had suffered for over 15 years from an ulcer involving the lower third of the leg. This ulceration had pursued a varied course and had been in the hands of a number of physicians during the time since its inception. On casual inspection, the leg was free from any other trouble, but closer observation would reveal, high up near the knee, a dilated vein, which in part owing to the full habit of the woman was to an extent less apparent than is usually the case. Though she had been variously treated for this ulceration since its first appearance, yet she had in the entire time never enjoyed its total absence. One point easily elicited was that the majority of those treating her had vigorously used antisyphilitic measures.

As she was very anxious to be rid of the lesion, skin grafting was advised, and also the ligation of the dilated vein. Learning that the procedure was free from danger, virtually, she consented to the operation. A preparatory treatment lasting for four days was now given the ulcer. This consisted of thoroughly washing it and the surrounding parts four times daily and after each covering it with a layer of sterile cotton and bandaging it in place. During this time she was allowed to be about.

The day of operation having arrived, I repaired to her home, which consist- of two rooms, and having my assistant administer an anesthetic I proceeded to scrub the leg from knee to ankle. Five gallons of water had been order-

ed to be carefully strained and boiled in a bucket which had been thoroughly scrubbed. The basins in the house were also scoured out before our arrival. The limb was now surrounded by clean towels and the ulcer curetted of all softened tissues until the firm resistance of healthy tissue was felt. This curetting excited a free oozing and to check this the surface was compressed by a pad of sterile cotton. Now the dilated vein was cut down upon, isolated, and tied, at two points, with a double ligature of number one, plain catgut, and then the vessel cut between the ligatures. The incision so made was closed with the same catgut though the sutures were not buried.

Catgut is used, as a buried ligature, because it will be absorbed; whereas if silk be used it must be buried and remain encysted, or the end left hanging outside the wound, and after its work is done, it must be pulled away. This was the custom years ago in all operations, where vessels were ligated. The small sized catgut was used double in preferance to the larger single ligature, owing to the fact that catgut in its preparation is badly contaminated, and one must always feel more fearful that the larger gut will contain deep in itself, germs, which will resist the effects of the sterilizing agent These germs are finally brought in contact with the tissues by absorption of the gut, and late infection occurs, not dangerous but annoying. The catgut used as skin sutures was removed in a few days just as non-absorbable sutures would have been. It was merely used in order that the necessity for two kinds of suture material be obviated.

Grafts were now taken from the lower part of the thigh, and the upper part of the leg in narrow strips. They were cut with a razor, which had been washed thoroughly with soap and water, then soaked in alcohol, this latter agent being washed off with plain water before using it. The narrow strip of cuticle was then cut into short pieces the size of a split pea, and these placed in rows. They were now held in place by strips of rubber tissue, and over this a pad of sterile cotton applied. The first pad in this instance had been wrung out in plain boiled water. After this was removed twelve hours later a dry pad was applied. The dressings to the knee were held in place by means of a towel and a half dozen safety pins, applied just as one does an abdominal binder following delivery. The surfaces from which the grafts were taken were dressed with plain, old fashioned boric acid and adhesive plaster, and received no further attention from me. During the first week the patient was confined to bed, and during the following week the limb was kept elevated, though the patient was allowed to sit up a part of the time. Vigorous treatment was also used to facilitate the progress of the condition. She received a prescription, containing the tincture of perchloride of iron in full doses with bichloride of mercury. She also received one-half grain of powdered opium four times daily and attention was given to her bowels which were not allowed to become over-full. At the end of two weeks it was found that the ulcer was well upon its way to recovery. A few of the grafts had failed to take and an area about one inch square remained, where the granulations had become excessive. To this a piece of cotton was applied soaked in 10 per cent. cocaine and they were scraped away. This was not a painless procedure even with the cocaine but it was only the work of a moment. A few points of skin (one half dozen) were now lifted with a needle and snipped off with a razor and applied to this raw surface. The after treatment was left to the patient and two weeks later I was informed, that she had entirely recovered.

The second case was that of a woman of 35, married, without living children, and a non-specific history. The ulcer had started at a point on the dorsum of the foot which had suffered from the effects of some slight injury the exact nature of which has slipped my mind, and which I failed to record in my notes on the case. It had progressed for nine months, and had in this time extended to the side of the leg.

My first treatment consisted in the administration of the iodides and mercury but she would not stand over 15 drops of the saturated solution of the former, so after a few weeks, grafting was advised. To this she consented, and after the same preparation, in the main, of the case as in the former one, the same operation was performed though without ligation of any vein. The procedure was carried out at her home, which was poorly arranged for the securing of even moderate cleanliness, without the co-operation of the patient. The result was a complete failure and the only benefit gained was from the rest of the part so secured.

She consented to a second operation, which was performed sixteen days later and after a more perfect preparation. The patient had in the meantime received full doses of mercury and the tincture of the chloride of iron and was no doubt in a better general condition than she had been at the time of the former operation. The part involved was covered with many small grafts as in the former case and the result in this instance was that by the end of two weeks she had nearly entirely recovered the lost integument.

The third case differs from the former two in several respects. The patient was a young man in good general health who suffered the effects of a gasoline stove explosion. This had caused a severe burn of the left hand and fore arm, and the destruction of the skin, in all about twenty square inches. When the part which had been merely blistered had about recovered, and the remaider cleared off, leaving an open granulating space, skin grafting was urged to hasten matters.

He was loath to taking an anesthetic so as a demonstration a few small point grafts were placed upon the wound. This was done after the exercise of no little care and they fortunately took. Seeing the advantages to be gained by their use he consented and under anesthesia the ulcer was closely set with grafts. The success was only partial but in two weeks, seeing the very marked progress that was being made he permitted a third effort. This secured a closure of all but a small area not over an inch and a half in length and hardly as broad. In the office this was finally covered without anesthesia.

This latter case occupied about ten weeks in recovering and was, in contrast to a former case of mine, quite pleasing. This case I mention was that of a half breed negro, who had suffered the loss of the integument on the dorsum of his foot, by having a wagon pass over it. Like many ignorant people, he was morbidly afraid of any operation. He finally allowed me to put some grafts upon it from a puppy—this occurred at about the time when animal skin was being lauded as just the skin for this purpose—and I covered the exposed surface with skin from the puppy. The procedure failed and the patient was unwilling to be put to the trouble of a second trial. Eight months later he came to see me on crutches; a part still remained several inches in area which was yet unhealed.

It was my intention to report several other cases but as the article has already reached a length too great to please the average editor, I will close

by again urging my physician friends and readers to always keep in mind the possibilities of skin grafting and the simplicity of its application.

RESTORATION OF THE RUPTURED HYMEN.

By Ralph St. J. Perry, M. D., Farmington, Minn.

Lecturer on Dermatology and Genito-Urinary Surgery, University of Minnesota.

The restoration of a ruptured hymen involves two points of view—the ethical and the surgical. Naturally the operation is one which is of value only to the young unmarried woman who is desirous of entering into an honorable marriage, and to whom the ruptured hymen acts as a barrier. Even since the days when Moses laid down the laws for the guidance of the Israelites people generally have looked upon the intact hymen as an indisputable evidence of virginity. And yet Moses in his laws does not say so. Turn to the twenty-second chapter of the Book of Deuteronomy and read the thirteenth to seventeenth verses inclusive. In the seventeenth the father of the girl who had been accused of not being a maid, says: "These are tokens of my daughter's virginity," and spreads the cloth before the elders of the city. From this it is evident that the sign of virginity was the blood spots upon the sheet or cloth placed under her nates at the time of the first intercourse. This is a custom which has prevailed to this day, and I personally know of several instances where women have carefully preserved the sheet which bore the discolored proof of their virginity.

After Moses expounded this law of evidence others kept it alive. In Celsus' "De Medicina," written about the time of Christ, in the chapter on vesical calculi he cautions the surgeon against penetrating the vagina of the virgin in examining or operating upon her, and advises that all examinations be made through the rectum. In the sixteenth century Severin Pineau asserts that it is a great crime to rupture the hymen ("magnum est crimen perrumpere virginis hymen"). Thomas Denman in his "Practice of Midwifery" (1802) says the hymen "is very properly esteemed the test of virginity."

In 1885-87, while serving as a missionary surgeon in Central Africa, I found several of the native tribes who believed in and carried out the old Mosaic law, which had doubtless come to them through the Mohammedan church. The chastity of a girl was not to be violated until she reached the age of puberty and had been given in marriage. Should the evidences of her virginity be absent she and her family became the slaves of the bridegroom's family. Because of this penalty young girls were carefully guarded, and should one of them submit to seduction she was published throughout the land as a prostitute, and the man in the case was promptly killed.

However, all medical authorities do not agree upon the reliability of the intact hymen as a test of virginity. Michael Ryan in his "Manual of Midwifery" (1835) says: "It was long considered a proof virginity by the vulgar, the magistrates and medical jurists, and often led to very erroneous and unjust decisions by the tribunals. It is now universally known that a thousand other causes besides coition may destroy the membrane, as sudden exertion of the lower extremities, leucorrhoea, excoriations and various morbid growths, both fluid and solid." This opinion has been reiterated so often by the best authorities and most competent observers of the present times that today no one who is at all conversant with

the subject considers the hymen as indicative of anything regarding the virginity. Many cases are on record where the hymen has persisted after often repeated sexual intercourse, and even through pregnancy; thousands of cases are known where the hymen has been ruptured in girls who had never had intercourse, while there are other cases recorded where the hymen has been totally absent. The hymen is an anatomical structure peculiar to the human species—an evidence of the greatest perfection in the scheme of evolution, and it need cause no surprise if there be occasional relapses into physical degeneracy and the hymen fail to materialize in the development of the foetus.

It is a well known fact that hemorrhage from the vagina or vulva at, during or immediately following sexual intercourse may come from other sources than a ruptured hymen. So that blood stains upon a sheet are not necessarily conclusive evidence that the event with which they are coincident is the first of its kind. Some years ago I was called upon to attend a case of severe vaginal hemorrhage in a woman who had been known to me for years as one of the most notorious prostitutes in a city of nearly two hundred thousand population. She told me she had not had intercourse for some weeks and when the opportunity presented she could not resist the impulse and had indulged her passion to her utmost ability. On examination I found quite a severe laceration on one side of the vaginal wall at the vulva. There had undoubtedly developed a stenosis of the vagina, due to the unusual continence. Such a condition has often been encountered in the wives of sailors and other men who are absent from home for months at a time, who return to their wives "loaded to the hatches" with an amorous cargo which they unload promptly and hurriedly without exercising the same caution and gentleness of touch they did some years before when first essaying the task. It is not uncommon in cases where a protruding pile tumor is grasped and strangulated by the external sphincter to have it rupture during intercourse. Several cases of this kind have come under my notice, where there is no doubt but what the hymen had been badly ruptured years before; and I can see how such an occasion might happen during the initial seance in a matrimonial career. The same exciting cause may precipitate a hemorrhage in cases of anal fissure or ulcer, vulvar fissure or ulcer, urethral caruncle, polypus of the cervix uteri and many other conditions of like nature.

The causes, other than penile, which may effect a rupture of the hymen are varied. At birth such an accident may occur during some obstetric manipulation incident to transit of the child, especially so if there be a breech presentation. It may occur a few minutes later when a careless nurse handles the sponge or wash rag too roughly while giving the infant her first bath and in endeavoring to remove an abundant or tightly adherent vernix caseosa. During the earlier years of life when there is being developed that faculty of the brain which leads children to poke foreign bodies into all accessible orifices, there has been such a thing as a suitably shaped and sized body being inserted in the vagina by the child or an innocent playmate. From seven to fifteen is the period when girls are most often subject to the venereal approaches of the other sex. Ignorance and imitative faculty lead them into errors which in later years their increased knowledge and womanly development cause them to regret. Quite often girls of this age are forcibly subjected to the assaults of men and boys who know better, but who, being sexual pervents, are

oblivious to the harm they are doing. After the menstrual function has developed and the girl has passed to matured womanhood she is less apt to be led astray through ignorance, in fact, one French judicial has decided that a woman who has lived in France to be twenty-one years of age has had ample opportunity for acquiring wisdom in these matters and cannot maintain a a plea of ignorance in an action for seduction. In many states in the United States the law holds the same view. As a rule it may be set down that the unmarried woman who submits to sexual intercourse does so knowingly, and the rupture of the hymen is due to a heat of passion. Subsequently when the passion cools down there may be regrets.

Local diseases of a pruritic nature, pruritis ani and pruritis vulvae, are quite common amongst the young women of today, due largely to customs of diet, clothing and cleanliness; and nothing could be easier in scratching the parts than to unwittingly rupture the hymen. As these diseases are frequently accompanied by excoriations of the parts, pain and bleeding from such an accident could occur and the victim know absolutely nothing of the rupture. Masturbation is an accomplishment which is responsible for many ruptured hymens. Leucorrhoeal discharges of a corroding nature may set up an inflammation or ulceration which could destroy the hymen or render it so tender and delicate as to permit any unusual bodily exertion to effect a rupture. Any severe exertion of the thighs may cause the hymen to tear, and more than one "tom boy" has fallen across a fence rail, tree limb, or similar object, and suffered a traumatism which destroyed the hymen. Tumors, cysts, rectocele, cystocele and prolapsus uteri if aggravated may also rupture the hymen. In fact, when we look the subject well over we see that the penis is both one of the largest and one of the least possible causes of rupture of this organ.

I view of all these facts the question comes up, what is to be done when the surgeon is asked to restore a ruptured hymen. The restoration can only be of value in deluding the prospective husband, in leading him to believe that he has the honor of initiating his wife into the mysteries of the amours of Venus. And such may truly be the case. The reason surgeons are not oftener asked to perform such an operation is because the public does not know that such a condition can be remedied. In fact, many medical men do not know it and would most likely laugh at the idea. Years ago Dr. Paul F. Munde published that it was possible to reunite a freshly lacerated hymen and secure union of the parts. In the expose of the social conditions of London published some years ago in the Pall Mall Gazette there was frequent reference to "made over" virgins. What this latter process was I know not, and as the purpose was one of prostitution only, it matters not. My object is to afford to the hymenless young woman desirous of maintaining a position amongst respectable matrons an opportunity of giving her husband that which a credulous world has been taught to look upon as a proof of innocence. The woman may have erred in her youth, may have been the victim of the persuasive wiles of some gay Lothario, may have lost herself in the commingling of passions of two superheated loves, and in her moments of calmer self-possession there comes to her a desire to be of benefit to the world. But the dread that she has lost the evidences of her virginity, that her to-be husband may discover her error, keeps her in seclusion and retires her to the company of "old maids". Such cases have been, such cases exist today. I have had young women tell

me they wanted to marry, young women whom I knew had had the opportunity, yet who feared to do so merely because of a ruptured hymen. What are you going to do for them?

When a man of the standing of Henry P. Byford publishes an article on abortion and therein espouses the cause of the young woman of good name and family who finds herself illegitimably pregnant, tells us that we are too harsh with her, and pleads of more mercy for the misled woman; when one of America's leading medical journals takes up the keynote sounded by Byford and even more energetically pleads for the woman, then I say I have no hesitancy in advocating the restoration of the ruptured hymen in an unmarried woman of good name and family who is desirous of entering into an honorable marriage. You say it is a fraud on the man. I say no. It is merely a feeble effort on your part to equalize matters and balance the fraud the young man perpetrates upon the woman. Not one man in ten thousand goes to his wife a virgin; the others have poured out their tribute at the shrine Venus many, many times, and most of them have badly damaged their virginity long before they were old enough to realize the sexual possibilities of life. That some spirit of tolerance and forgiving that is held out to men should not be withheld from the women.

From a surgical point of view the operation of restoring a ruptured hymen is comparatively a simple matter, though an operation requiring as much delicacy of touch and precision of movement as any operation upon the eye, the brain or the abdominal viscera. Anatomically the hymen is a circular or crescentic fold of connective tissue, covered by mucous membrane, which immediately surrounds the orifice of the vagina and forms the lower extremity of that tube. The hymen is almost invariably spoken of as a fold of mucous membrane which partially closes the orifice. This is not exact; the hymen is more than a fold of mucous membrane, and Budin has demonstrated that it is a folding of the entire vaginal wall. It has no uniform size, shape or thickness, a fact of which is of advantage to the surgeon in a restorative operation.

Where a surgeon is called upon to examine or attend a women or child following a rape or an accidental traumatism of the vulva he may discover a freshly ruptured hymen, and can restore the same by approxinating the lacerated parts and securing apposition by sutures. But such cases are rare. In twenty years' practice I have seen only three—two rapes, one accidental traumatism, and in none of these did the idea occur to me at the time of repairing the hymen. Most cases likely to come to the surgeon will be those where the parts are cicatrized and the remnants of the hymen are recognized only as the carunculae myrtiformes. If the patient has passed through a pregnancy and childbirth the carunculae are apt to be missing.

When the carunculae are present select two, one on either side, which can be readily brought into opposition and held so without being subsequently placed upon a strain which would be likely to pull them apart. With a fine mouse-toothed forceps grasp one caruncula by the tip and with a narrow cataract knife or tenetome transfix and split it in half, cutting towards the lower end, bringing the knife out on the anterior aspect at the base. When the slit caruncle is opened we have a flap with an anterior raw surface. Now duplicate the procedure upon the opposite caruncle, except that knife is brought out posteriorly and we have another flap with a posterior raw surface. These two raw surfaces are brought together and held in place by the finest of cat gut, silkworm or

horsehair sutures. Should there be danger of much tension on the parts heavy supporting button or quill sutures can be passed through the lower part of the labia.

When the carunculae are missing the hymen may be restored by cutting out two small flaps of the same size and shape, one from either side of the vaginal walls, and approximating them in the manner just described for the slit carunculae. In cutting these they should be cut vertically so as to correspond with the direction of the fibres of the sphincter muscle underneath. The denuded parts of the vaginal walls should be closed by continuous catgut sutures.

In either of these operations the same technique and regard for aseptic and antiseptic cleanliness is to be exercised as for any other operation upon these parts. The patient should be kept in bed for several days after the operation, with the knees together as for a perineal operation. Upon getting up and about she should be cautious about bringing any strain upon the parts, and especially should she be told to keep her hands away from the field of operation. In cases where there is a boggy condition of the vagina this can be overcome by a preliminary course of treatment with astringents and tonics.

PNEUMONIA.

By R. B. Hopkins, M. D., Milton, Delaware.

As we have all gone through our experiences with the treatment of pneumonia during the past winter let us review.

I am inclined to think that the favorable termination of the above disease is attributed too often to remedies administered. Pneumonia is a self-limited disease, passing through its different stages, and whether any of these stages can be aborted is a mooted question.

Many cases are mild, others severe, and seldom do we see two alike. The stages of congestion, hepatization and resolution may all take place within a short time, while in others the stage of congestion alone may occupy three or four days, and resolution may be prolonged even longer. In some the temperature is high, 106 degrees; others may not exceed 103 degrees. When I read of a severe case terminating favorably in a few days, attributed to the brilliant treatment, I am sure that the doctor is a novice or his case was one of those of rapid resolution.

Unfortunately we seldom see a case in its very beginning, but are called in during the stage of active congestion, when the damage has been done. We find our patient with a temperature of 104 degrees and the heart beating 140 times per minute. What remedy shall we give? Aconite or veratrum viride, you answer. Why? I ask. You answer, because it reduces the number of pulsations and gives the heart rest.

If the heart beats seventy-two times in one minute in health to drive the blood through two healthy lungs how many times should it beat to drive the same amount of blood during the same time through only one lung, admitting that the other is completely closed by pneumonia? I should say one hundred and forty-four times.

I contend there is nothing gained by slowing down the beats of the heart by aconite but rather a loss to the system. The blood must be supplied with oxygen. This is what nature is endeavoring to do by increasing the beats of the heart. Slow it down and you increase the carbonaceous condition of the blood, which rapidly tends to cyanosis. And let me here add it will require a large amount of aconite or its active principle, aconitine, to re-

duce the heart's beat from one hundred and forty-four to ninety, and such doses are not safe to administer. Better give strychnine to assist the heart than aconite to retard.

To relieve the congested lung and the overworked heart can be done quicker and more effectually in a different way. Can we get the skin acting freely we shall accomplish a two-fold good. First, by getting the blood to the surface, we relieve somewhat the internal congestion, and by a free diaphoresis we get rid of some of the effete materials poisonous to the system and producing delirium and cyanosis. This will take the tension from the heart and reduce its beats by a natural course instead of by an artificial one, and still retaining the poisonous substances in the system.

Acetanilid combined with caffeine citrate and camphor monobromate, and have the patient surrounded with hot water bottles, will accomplish this. The fever will be reduced two or three degrees and the pulse proportionately reduced in beats. It may be necessary to repeat within twenty-four or thirty-six hours.

Oxygen gas administered when there is cyanosis is one of our greatest adjuncts at this period of the disease. I have seen marked effects from its use. Can we assist the system and steer the patient through the storm until the period of crisis occurs we will have accomplished all that we can expect under such unfavorable circumstances.

So far as external applications are concerned, they are of doubtful value. While their use may pacify the patient and family and lead them to believe everything is being done, yet I can not say I have ever seen any decided benefits from their use. Dry hot applications may not do any harm.

For pain, morphia used hypodermically, combined with atropia, will relieve the pain better than any remedies used, and in addition they stand first as heart stimulants. I do not think opium contra-indicated in the stage of congestion. In the stage of resolution it is not required.

However much we would like to see expectoration set in, I am frank to admit I have never seen expectorants hasten the happy termination. That they assist after the stage of red hepatization and resolution has set in I do not doubt.

Pneumonia is a mechanical obstruction of the lungs (whether the primary cause is due to bacteria or bacilli we will not discuss) and we should endeavor to treat the same with a view of relieving this obstruction. Bleeding the patient in his own arteries and capillaries promises the greatest success. While admitting in well selected cases phlebotomy may be of decided benefit when performed at the opportune moment—yet remembering we are draining the system of its vital fluid which we would like to replace, but can not, while by the former method we bleed yet still retain.

The blood in this disease soon becomes vitiated, or, in other words, becomes disorganized by being surcharged with carbonaceous materials; the liquids are diminished and the solids increased. We can understand that rapid evaporation is also taking place and the system stands in need of replenishing with liquids. Under these conditions, why not replace in part by the administration of the normal saline solution? Marked results have followed its use. Not to be used, of course, in the stage of congestion, but in that of hepatization and resolution. One pint by enema twice a day will suffice. In addition, in the stage of resolution, expectorants and stimulants should be used of which it is not necessary to speak.

I offer these few original thoughts and some points gained from experience, hoping they will incite further investigation.

GONORRHEA.

By F. W. Smith, M. D., Cincinnati, Ohio.

Most physicians have to deal more or less with cases of true gonorrhea or other inflammations of the mucous membrane of the urethra. For their cure no specific treatment has been discovered which will meet the demands in each case; hence we must treat them according to the symptoms present, and in a general way as we do all inflammatory stages.

While we may have a general plan of treatment for gonorrhea we should not allow this to become so thoroughly imprinted in our minds as to shut out the possibility of doing good with other methods in case of failure with our regular treatment.

A purulent inflammation of the urethra is not different from an inflammation of other mucous membranes, except that it is exposed to a greater amount of irritation from the passage of urine, especially if this be strongly acid in reaction. In a case of gonorrhea we have a period of incubation ranging from three to nine days, and there must be some pathological process present which requires this amount of time to develop before we are made acquainted with the objective symptom of pus oozing from the meatus, the tissue changes, no matter where they are found, in the urethra of the male or female, in the vagina or womb, being always the same. At first the membrane within the radius of the infected area becomes congested, infiltrated with leucocytes and fluid exudation; all the lymphoid structures become severely involved; the lymph follicles become engorged, soften and break down, forming minute erosions which exude pus.

In considering the treatment for such a condition we should not deviate from the general plan of treating all inflammatory conditions, nor should we allow our patients any more freedom than in other cases. We should advise rest as essential, also light diet, the avoidance of stimulating foods and drinks, alcoholic beverages, and fats; moderate exercise and a careful attention to hygienic conditions must be maintained. We must keep the patient as comfortable as possible, and forbid the indulgence in society where sexual excitement would be liable to become a factor. Unless we adhere strictly to these small attentions we cannot expect a great degree of success.

In our examination of the patient we must learn if the urine is strongly acid in reaction; if so, we must keep it neutral or slightly alkaline. I find it well in most cases to begin the treatment with a few doses of calomel, and to follow this with the citrate and acetate of potash. I always instruct the patient to drink freely of waters, especially the alkaline, as this helps by flushing the urethra and diluting the urine. If the weight of the parts causes pain a suitable suspensory should be applied, just fitting nicely without producing irritation.

In cases of febrile disturbance, it is well to give antipyretics, such as phenacetin, etc. For a local application I always clean the canal with peroxide of hydrogen, followed with an abundant amount of warm water; when this has been completed I supply the patient with a number of suppositories made in the form of a bougie, each containing ten grains of europhen with cocoa butter as the base; sometimes it is necessary to add a small amount of white wax to give them the proper consistency. They must be inserted with caution so as not to inflict any injury to the mucous membrane; they should at least be employed twice a day, and better still, if it is possible, three times daily. By the use of europhen in this manner we secure almost constant application of one of the best antiseptics, and it is also

soothing to the inflamed surface. I have used the above treatment for some time with the most gratifying results, as is shown by a few of the cases quoted below:

Case 1. Mr. G. called on me March 8th with a violent inflammation of the urethra, with a profuse discharge of pus mixed with a slight amount of blood. I prescribed a few powders of salol and asked him to return every day. In a few days the symptoms had abated so much that I could commence the regular treatment with the bougies in connection with the internal remedies. At the end of the ninth day the discharge had almost ceased, but had become of the consistence of milk and water. I prescribed the fluid extract of belladonna in full doses, and had him continue the bougies. At the end of another week he had fully recovered, and has had no return of the symptoms.

Case 2. Mr. R. came to my office March 1st, suffering from a severe attack of gonorrhea, and with constitutional symptoms which demanded my attention for eleven days before treating the local condition. I then prescribed the europhen bougies and attended to the flushing and cleansing of the canal myself, morning and evening. On March 27th I dismissed him cured.

Case 3. Mr. M. called on me March 18th with an ordinary inflammation of the urethra; no symptoms other than those of a purulent inflammation, and those not severe. I gave him directions as to the flushings and prescribed europhen bougies. He called again on the 23rd, and I instructed him to continue this treatment. On March 27th I pronounced him free from any infection, the discharge having ceased on the 25th.

Case 4. Mr. J. E. consulted me April 2, with a urethral inflammation presumably due to having had intercourse with his wife during the menstrual period. His symptoms were such as usually occur in these cases. With nothing more than the cleansing of the canal and the use of the bougies, he had fully recovered on the 15th, when I dismissed him from treatment.

Case 5. Mr. K. became my patient May 14th, having previously called upon another physician. I prescribed twelve of the bougies and instructed him carefully about the flushings, as I considered him very negligent. He returned on the 26th, saying that the discharge had ceased entirely on the second day, but although he had continued the use of the bougies regularly the symptoms had recurred. I again supplied him with the bougies and instructed him to use three a day. On June 7th all discharge had ceased, but he continued their use until the 11th day for fear of a return of the symptoms. These did not re-appear.

Case VI. Miss B., called July 2d, suffering from a severe gonorrheal inflammation which involved the entire uterus and vaginal canal, besides the bladder and urethra. I had her use a douche of hot solution of permanganate of potash, 1 to 10000, each time, and on retiring had her insert a suppository made in the usual conical form, and containing each 15 grains of europhen to one drachm of cocoa butter. I washed out the bladder and supplied her with some short bougies for use in the urethra. I supplemented this with treatment of the womb every four days, consisting of an application of one part tinct. iodine and three parts carbolic acid. She improved rapidly and without any relapse, and was dismissed July 30th.

I have used europhen in a variety of conditions in which a powerful antiseptic was indicated, and have always been rewarded by a perfect result, especially where I desired a powder that would adhere firmly to the affected parts.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

SCIATICA.

By E. C. Rothrock, M. D., Philadelphia, Pa.

Years ago I had a call to a woman who was and had been suffering torture from sciatica for a week or more. Her medical attendant would give hypodermic morphine, which would relieve her for a few hours. I gave hypodermic atropine 1-100 of a grain, deep in muscle of thigh near the nerve and used firm pressure and massage with the fingers from exit of the sciatic nerve from thigh down entire length of nerve to the popliteal space. She was perfectly easy in half an hour. A liniment was left to use through the night if pain returned. As it was getting late I left wishing her a good night's rest. On the second visit early in the morning she looked bright and cheerful; said she had rested better last night than she had for a week. She had some pain, so the pressure was repeated the same way with addition of a liniment rubbed thoroughly into the thigh. Bicarbonate potassium was ordered to saturate the blood. Third visit, third day, patient improving, some pain at times. The atropine hypodermically was used as at the first visit, treatment as to pressure of nerve and the potassium continued. The patient was discharged as to visits, but continued treatment for a few days. She was on foot the fifth day and continued so without any more trouble. I have treated a good many cases, most of them in the same way, and they were cured in a few days. One case lasted two weeks before relief or cure. In late years I have used with advantage rhus toxicodendron. Nitroglycerin often acts well if continued in doses of 1-1000 gr. every one, two, three hours as indicated; when relieved give three times a day. I have relieved cases of sciatica in a few minutes by applying cloths hot, not warm, as can be borne to the entire length from hip to popliteal space; when cloths commence to cool put on another hot cloth. The relief is immediate; then give remedies to cure. Firm, energetic pressure for fifteen minutes is useful; the patient must be reclining and muscles of the extremities relaxed. A good liniment to use is turpentine 2 ounces, yolk of two eggs, aconite ½ ounce, good vinegar 6 ounces. Shake well, apply to parts and use warm iron to drive it into the parts.

COPPER ARSENITE.

Dr. J. T. Moore in his new work on typhoid fever says: "For the past two months I have been treating all the cases in our city hospital with $\frac{1}{500}$ grain doses of copper arsenite three times a day, using a large cool rectal irrigation twice daily. The object sought by the enema was a double one; first, to eliminate by washing the colon thoroughly; second, its effect upon reduction of temperature. The cases have all done well, and so far I have not lost one of them. In two cases, however, I found it advisable to swing to the terebinthinate treatment, with happy results. Symptoms of perforation or hemorrhage would be a signal to desist from the use of enemas."

Rundschau.

By H. Speier, M. D., Rochester, Minn.

A FEW POLITICAL THOUGHTS.

A medical journal may with perfect propriety leave occasionally the consideration of purely professional themes for that of broader general questions. The great coal strike, which for five months has held public attention, has now become a matter of all-absorbing interest, for it threatens a fearful calamity for the larger part of the nation. At the present writing (Oct. 4) the country is shocked at the news, that the president's efforts to bring on a settlement of the difficulty have failed. Whatever our political creed and affiliation, we are all proud and glad to acknowledge, that in the president we have a Man, one who has the courage of his convictions and is fully alive to the great responsibilities of his office. So far his course is approved by all the people. Whatever measures may finally be adopted, they can only afford temporary relief, as long as existing conditions are not radically changed. The situation is only one phase of the universal economic problem, which clamors for solution, the concentration of wealth and power in the hands of a small minority, the growing distress and poverty of the millions. All remedies, tried or proposed for the treatment of this disease of the body politic, autocratic or constitutional monarchy, oligarchical or popular republic, restriction or extension of governmental powers, free trade or protection, high or low tariff, monometallism or bimetallism—they are merely symptomatic, unable to check the progress of the evil.

There are signs of a coming change of views. Voices are being heard in the land, questioning the right of ownership of the coal lands by their present owners and the president is being advised to take possession of them for the people under the theory of the eminent domain. The advice does not come from the political dreamer, but from such practical men as Senator Mason, of Illinois, Ex-Senator Blair of New Hampshire, etc. and it forms an essential part of the utterances of the recent democratic state convention of N. Y. It is non-partisan, too. Now the theory of the eminent domain is nothing but a recognition of the principle, that land belongs in common and equally to the people, as taught by that great philosopher, Henry George. Few people know really what he has taught. It is fashionable at the present day to laugh at his "utopian ideas." But the common history of new thoughts is, that first they were ignored, then ridiculed and villified, finally adopted. Forty years ago Darwinism was held up in universal scorn, today the theory of evolution is the accepted one, even the churches, once its bitterest enemies, have made peace with it. May not Henry George's doctrine pass through a similar course? Certainly economic development culminating in the gigantic trusts and disastrous strikes, is turning thoughts in that direction. The Rundschau predicts that the Henry George idea is going to play an important part in the politics of the future.

HUMAN AND BOVINE TUBERCULOSIS.

When at the London Congress on

tuberculosis Prof. Koch announced the opinion that human and bovine tuberculosis were distinct forms of disease to the degree that they were not intercommunicable, he aroused great opposition among scientists. A rush of experimental investigations followed, many of them indeed so reckless and unskilled as to be practically worthless, to prove the falseness of Koch's position. By this time, fairly definite results have been obtained. A Frenchman, Dr. Paul Garnault, has gone into the question so exhaustively as to have produced a monograph of 1100 pages. Altogether the renewed work goes to confirm the former opinion, founded upon clinical and laboratory observations of several generations, that tuberculosis is readily transmitted to man from food animals. Even if Koch should in the end prove to have been correct, the matter would be of small value for the practical sanitarian. For he must consider that the flesh and milk of diseased animals can under no condition be wholesome food, even though they might not be able to reproduce the identical disease in man. And tuberculosis in cattle must be checked by active and energetic measures under any circumstances. The consumer had best look upon Koch's theory as improbable and try to guard against infection from the sources mentioned. The pretended government inspection in the stockyards of Chicago, Kansas City and St. Louis cannot be very efficient, for it would be necessary for every inspecor, during 10 hours of every day, to inspect two animals per minute. It behooves each man to look out by himself for his and his family's welfare.

THE PREVENTION OF PNEUMONIA.

The writer listened recently to a discussion on pneumania before a large medical meeting. Although many men of great experience and learning entered the discussion, the outcome, so far as treatment is concerned, was rather discouraging. In the first place it was shown that pneumonia is on the increase, while the mortality from it is, putting it mildly, not decreasing. In the second place a great variety of drug treatments were brought out and more or less enthusiastically praised, only to leave the impression that there is no remedy for pneumonia, that it is simply a self-limited disease and will get well, if the patient has the good luck to live long enough and does not succumb before the disease has run its course. But the discussion, under the leadership of Dr. Braken, secretary of the state board of health of Minnesota, drifted into the consideration of the hygienic aspect of the disease. We understand now that pneumonia is one of the communicable diseases and as such must be preventable. The real mode of invasion is not fully understood. Pneumonia is undoubtedly a disease most prevalent in crowded localities, cities and the densely populated districts among them. While usually attributed to an exposure, the taking of a severe cold, may it not be that the noxious germ finds entrance into a body the more readily because the power of resistance has been lessened in the body by the foregoing fatigue or exposure? In all probability the germs of the disease are in the air and are taken up by the respiratory mucous membranes. The great fight will have to be made on the line of prevention, thorough disinfection of dwellings, where a case of pneumonia has been and places for the gathering of many people, churches, halls, schools, etc. When once the public is educated to view pneumonia in the same light, as typhoid fever and tuberculosis are now taken, as a disease which may be prevented, then the great mortality from pneumonia will be materially reduced.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CREOSOTE AND ITS DERIVATIVES IN PULMONARY AFFECTIONS.

Medical science, from its earliest beginnings, has been strongly influenced by the desire to discover specifics, i. e. drugs which bear a definite curative relation to definite disease, being able to cure any uncomplicated case of it or at least hold it in check, as long as the remedy is employed. The search has not as yet been very successful. To cinchona and its salts for malarial infection, and mercury for syphilis have later been added preparations of salycilic acid for acute rheumatism and quite recently, by a new departure of the art of healing, antitoxin for diphtheria. The success of the latter, now pretty well admitted, has encouraged advance along similar lines, leading to the tentative employment of such agents, as antistreptococcic and antitetanic serum. In fact, the whole tendency of modern serum therapy is in the direction of the discovery of specifics. Should it ever become established on a firm scientific basis, medicine will then have developed into an exact science or mechanical art. Diagnosis will not depend any longer on the uncertain subjective and so-called objective symptoms, palpation, percussion, auscultation, but be made by infallible instruments of precision, microscope, blood count, culture test. The remedy will not be questionable, but be as self-evident, as a mathematical formula. But the medical millennium having not yet been reached, we must content ourselves with ordinary medication. In the course of the last decade a remedy has gained increasing favor from medical men, so that at the present time it may almost be looked upon as a specific in bronchial and pulmonary affections, namely creosote and its derivatives. The original idea, that it acted by destroying the tubercle bacillus within the body, has been abandoned, for there is no reason for believing that it directly affects the growth of the organism. Its value is found to be in almost direct relation to the activity of the pulmonic and bronchial catarrh which, while a secondary result of the tubercular process, favors greatly the growth of the tubercle bacillus. The exact modus operandi of the remedy, indeed, is not clearly understood. But the beneficial clinical results of creosote are so generally attested, that they can no longer be doubted. We all have seen under its administration in incipient phthisis the more or less rapid reduction of febrile evening temperature to the normal, disappearance of nightsweats alleviation of the distressing cough, improvement of nutrition, gain in weight and diminution of the number of bacilli under the microscope. Lately creosote or its carbonate have been brought forward for the treatment of acute disease of the respiratory passages, bronchopneumonia, and pneumonia. Following the first publication by Dr. Cassoute of Marseilles, 1898, additional testimony has accumulated in the medical press of France, Germany and America, all reporting most satisfactory results. Creosote acts quickly in pneumonia, temperature falls within a few hours and becomes normal in two or three days, and local symptoms retrograde. The disease terminates by lysis, instead of by crisis, complete resolution of the disease

focus takes place, so that the much dreaded sequelae of pneumonia are less to be feared.

But a drawback to the use of the drug has manifested itself. To be of lasting benefit, especially in tubercular states, it must be employed for a long time and in constantly increasing doses. And then it has invariably set up serious gastric disturbance with consequent impairment of nutrition, so that it had to be interrupted or entirely given up. The difficulty has been somewhat overcome by the use of the carbonate of creosote, creosotal, or guaiacol, obtained by fractional distillation of beechwood creosote, and its carbonate, known as duotal. A still more satisfactory substitute has been found in potassium guaiacol-sulfonate. Experiments conducted on animals and clinically in the universities of Berne and Basle, Switzerland, as well as practical results reported from various parts of Germany, prove the new agent to be absolutely non-toxic and possessed of the remedial value of the original creosote. Analogous to the combination of guaiacol with potassium, Dr. Alpers of New York, well known to readers of Merck's Reports as a frequent contributor, has elaborated a sodium compound, to which he gives the name sodacol, as that of potassacol to the former. To a combination of the two, for more rapid sedative effect, he adds a minute dose of the new morphine derivative, ethyl-morphine, also combined with guaiacol. He has introduced this as elixir guaiacol comp. or under the shorter name of triacol to the medical profession. Being rather new this pharamaceutical product is not yet widely known, but a sufficient number of favorable reports of its usefulness have appeared. Induced by these and by theoretical reasoning from the formula of the compound, I have lately used it in a number of cases with excellent effect.

Case 1. Mrs. H. M. S., aet. 33, Irish, married 9 years, never been pregnant, no menstrual irregularities, height 5 feet 5 inches, weight 135 pounds. An active, energetic, handsome women. Her health for several years has been rather indifferent. Eighteen months ago was operated on for appendicitis, at same time round ligaments were shortened and a small ovarion tumor (character unknown to me) removed. About one year ago she had exclusive care of a relative, who died in her house of consumption. Recently she has been in company for whole days at a time of a friend who is in an advanced stage of consumption and careless about her expectoration. Patient came under observation, because she was running down, lost twelve pounds in three months, appetite not good, no ambition for work or pleasure, very susceptible, often rise of temperature one to one and a half degrees, occasional slight night sweats, respiration over twenty, painful, non-traumatic swelling of one knee. Auscultation gives prolonged expiration and higher pitch in right apex, percussion negative. Diagnosis: Incipient tuberculosis. Treatment: Triacol, dessertspoonful 3 times a day. At first the remedy was a disappointment, for patient reported that it caused her to vomit. But I regulated food carefully and changed dose to teaspoonful every 3 hours. After that it was taken without any further gastric disturbance. Result satisfactory. Cough was soon alleviated and gradually stopped, temperature brought to normal, appetite and nutritive assimilation improved, so that a slight gain in weight commenced after two weeks and has since continued. Now ten weeks after beginning treatment, she is practically well.

Case 2. R. L., aet. 13 years 6 months, height 5 feet 5¼ inches, German. Father, like two of his

brothers and a sister, inclined to cough and asthma. Boy's earlier history negative, except that he never was strong, always tall for his age, caught cold easily. Last spring had mumps, followed by one-sided orchitis, but was not seen by a physician. Since then has not been really well, easily tired. For a few weeks past frequent dry cough, a little pain in chest, some night sweats, fitful appetite, frequent sensation of chilliness. He looks anemic, is languid, dull, temperature 99.5, respiration 26, pulse 98. On auscultation cogwheel respiration, and percussion note dulled over left apex. Diagnosis: Incipient tuberculosis. Treatment: Triacol, teaspoonful every three hours. Good results soon apparent, improvement of all symptoms, return of appetite. No gastric disturbance caused by medicine. In both these cases, too, medicinal treatment was added forced feeding with albuminous foods, mainly milk and eggs to saturation.

Case 3. Pneumonia. Mary S., aet. 23, single, teacher, past history good. Was caught in a rainstorm, while out driving and got a thorough wetting. Next day she had a severe chill, pain in right side of chest, cough, a few blood-streaks in expectoration, respiration 32, pulse 100, temperature 103.6, bronchial breathing over middle lobe of right lung, which became crepitant next day, slight dullness on percussion in same region. I intended to put her on creosote, but knowing her stomach to be irritable, I was afraid. Gave instead triacol, teaspoonful every two hours. Case reacted well. Prompt fall and then gradual reduction of temperature, alleviation of pain and cough after twenty-four hours, improvement in appetite, so that patient was convalescent on fourth day.

A number of cases of cough of different character presented, several of prolonged grippe with more or less chronic bronchial irritation, one that of a man, age 59, a hay fever sufferer, whsoe night rest was much broken by cough. In all of them triacol proved itself effective. Herein, in the coughs of autumn and winter and of badly cured influenza, I should judge from my experience, lies a wide field of usefulness for triacol which has the advantage over creosotal, that it is entirely free from unpleasant odor and taste and is easily born by the most delicate stomach and readily assimilated.

H. Speier, M. D.

Rochester, Minn.

ELECTRICAL CASES.

Two men several rods apart were struck simultaneously at Paxton, Neb., several years ago. Fred Crook, section foreman, was struck on the head, making a star shaped tear in his hat, singed the hair on back of head; about five minutes afterward found him unconscious and apparently lifeless on floor of hotel. I commenced artificial respiration, put some glonoin in his mouth, also gave him nuclein occasionally. His feet were placed in hot water and his legs rubbed by friends and neighbors. His breathing was not regularly established for about three hours. He did much groaning as he was coming to. He was taken up stairs in the hotel and kept several days, being watched carefully. Lager beer was the first thing he wanted and I let him have it. His pulse ran down to 50. He was kept on tonics till he recovered. He remembered nothing that occurred at the hotel. He went to work in about three weeks.

The other case was a man going through Paxton. The electricity cut his collar and necktie off on the left side of neck, burned hairs off down his body, broke a truss off on left side, burned hairs off clear to left foot and left a sore place under his foot where it parted company with his body.

While I was working on case No. 1 the other case was taken up stairs and watched. They said his pulse ran up to 140 per minute. He was badly scared and complained of pain as much on the right side as on the left side. He was given glonoin and the next day was found to have a pulse of 120; it staid at 120 for two or three days. He was given tonics and heart tonics for a few days; then he was sent back to Iowa.

It is safe to say that neither of these men will ever voluntarily act as lightning arresters again.

M. C. MARTIN, M. D.

Heartwell, Neb.

AUTHORITY.

Some time ago Dr. Price went for me pretty hard because I, a sage brush doctor, did not tally with Bartholow, Potter and other leaders. The difference was as to whether quinine may favor or check haemorrhage postpartem. My observation is slightly on the side that quinine favors postpartem haemorrhage and I am not the only sage brush doctor that thinks so but what I wish to prove is that we sage brushites are not so "dogonedly" behind hand as Dr. Price thinks.

Not long ago a wealthy farmer living 20 miles from a state capitol sent for the most prominent M. D. in town. The doctor called but never brought a drug or instrument with him. There was a drug store seven miles away and that was a whiskey joint. The eminent M. D. fumbled in his pockets and found a pill, gave it to the man, returned to town and after 24 hours the medicine arrived—too late to be used although the man had recovered.

A man is useful in as much as he fits the place he occupies. No country doctor ever wrote a medical book as far as I know. Sickness in cities as a general thing is another thing from sickness in the country. To read an article where the writer speaks of directions to be given to the nurse sounds odd. Nurses are rare birds in the circuit of many a doctor's practice. It is the patient more than the disease we have to treat. Books tell us about the disease but patients do not furnish us their biographies and their private personal equation unless we dig for it. Our acumen in coming at the personal equation is not decided by the location of an office. In every town one or more M. D.'s have very central offices but it does not follow that they are any more proficient than their professional brother who is of a retiring disposition and has his office in the residence district. It is an open question whether the experience of being an educator makes a physician really a better practician. If there is anything in specialism, the doctor that only practices and does not teach should be the most skillful. As hospitals are better equipped for surgery than dugouts it follows that the best surgeons and probably the best surgery is to be found in the city. The trouble seems to be if one patient from the country goes to the city the need for operation arises if he has money to spend.

If we country doctors did one-half the unsatisfactory operations that our patients undergo when they go to the city we should be condemned as thieves by nearly everybody, but like the man that gets taken in at three card monte the patient comes home minus his money and no better but ashamed to admit it.

Put any of your eminent city doctors down in the litttle town of A. with its 2000 population and he would occupy a dead level with the other doctors there after the first year, and that might be hard for them. Men who write

medical books are perpetually getting the judgment of common practitioners and if it is a two sided question that they pass opinion upon their opinion is but a representation of the weight of opinion at a given time. After a man has practiced medicine for fifteen years in the country he does not feel himself behind the eminent practitioner of town who has had 12 years of practice although the town doctor is an authority. A man that practices in the midst of a city of 300,000 people cannot expect to be guide to the man who has practiced twenty years in the thinly settled swamps. . The writer has practiced in six different states, from one to three years in each, between sea level and 7000 feet altitude, from tropical California to arctic New England and there is some difference as to which experience is the best teacher. In California as a rule a doctor is called as soon as a patient feels indisposed but in Utah life must be as a rule in actual danger before a doctor is called, thus to cope with disease in Utah is a bayonet charge while in California one well directed shot can abort the enemy.. In Utah it is a big bill slowly paid, in California a small one paid in a hurry, the undertaker often getting left.

To the Utah M. D. pneumonia and typhoid are terrors; in California they are walkovers. The idea of looking up to a doctor who has seen typhoid in only one city as an authority! He is a local authority. So are we sagebrush doctors local authorities. Fine manners, diplomacy, elegance, luxurious leisure, etc. may characterize the local authorities of the metropolis, but just as the old Puritan owned no pony but felt himself as good as anybody, so the sage brush doctor is "dogon" independent, just as you're going, and gazes upon "authority" with no particular respect or disrespect.

C. E. Boynton, M. D.
Los Banos, Cal.

THE SAGE BRUSH DOCTOR.

Dr. Boynton dedicates his verses on this subject to us. We bow appreciatively to such honors. Honors rest easily upon us, we are used to them—thus the source. Dr. Boynton is a good fellow, a bright scholar and more than all, every inch a gentleman, whose facile pen gives utterance to his polished sentences, that are fast introducing him to the notice of the medical fraternity.

We had thought of permitting Dr. Boynton to close this discussion, but we are convinced that there is no difference between us in this matter. The idea that we have intended to convey is that every medical man laid the foundation of his medical knowledge in the study of the standards, (Flint, Osler, Da Costa, Shoemaker, Potter, Bartholow, etc.,) and upon this grew the whole superstructure of this knowledge.

With the idea involved in the expression "city or country doctor" we hold no sympathy. The city doctor meets and overcomes his difficulties as well as the country physician. The only difference is the advantages and opportunities to be had. Here let us make an end.

M. G. Price, A. B., M. D.
Mosheim, Tenn.

"BUT THE CHILD DIED."

For the subject of this brief sketch I use the closing statement from the report of a case recorded by Dr. Thomason in the August number of the Recorder under the title of "Infantile Convulsions." It seems to me the doctor's use of the word "but" (if not the statement itself) is superfluous.

Let us consider with what we have to deal. First—"A beauuiful little girl fifteen months old" in convulsions. Certainly this is a picture to arouse

the sympathy of each and all of us, but when we look the second time twenty minutes later and see in addition to the convulsions, this little bundle of humanity, less than one and one-half years of age, is laboring under the pressure of 30 grains of mixed bromides, (think of it) ½ drop of Norwood's veratum viride, $\frac{1}{32}$ grain morphine sulphate, ¼ grain calomel, plus an indefinite quantity of gelsemium. Shades of Hippocrates, Hahnemann, Thompson and Beach! What a scene! A fifteen months old baby! "But the child died."

We notice the second infant was still younger. Was the dose lessened? No; but to the above polygenous treatment was added chloral hydrate, aconite and ipecac.

Now, what was the matter with the babies? Did Dr. F. know? If so, which of the eight given remedies was indicated? If the case called for bromides, why the veratrum, gelsemium, morphine, chloral, aconite and calomel?

If the doctor did not know, why did he not wait, after having given the emetic and enema, for some specific indication?

In either case I would have much rather risked the emetic and enema without one drop of medicine (except perhaps a little chloroform) than to have given one tenth of what those little innocents got.

H. D. Fair, M. D.

Muncie, Ind.

EPILEPSY.

Will you grant me space in which to say that your Journal must reach the so-called "4 x 400", judging by the number of letters which have reached me in reference to to the article on the rational treatment of epilepsy, which I had the pleasure of contributing to your pages in the June number. By this I mean that the inquirers are not only numerous, but they are of the most progressive class of medical men, including (I am glad to say) some of the bright young physicians, who naturally and truly think that if they can only treat epilepsy successfully, they have the key to the right treatment of "American nervousness", and to the making of a professianal reputation and the proper supply of dollars. I am pleased to have such a recognition of myself as a specialist in this disease, which so many consider the bete noir of the profession, and (if you will permit me to say so) I will be glad to correspond with as many as will address me in the matter. It is my experience that I can give some excellent points in regard to both pathology and treatment, and the more inquiries the better. I congratulate you on the mediumship of your journal.

W. Towns, M. D.

Fond du Lac, Wis.

HINTS.

Calcium sulphide should be the first thing thought of in orchitis.

Usually it is not wise and frequently it is unsafe to prescribe medicine in drop doses.

A half grain coated calcium sulphide tablet eaten every half hour is the thing for blood poisoning in every form, even to a case of gonorrhoea or mumps.

When prescribing for a laboring man it is a good plan to give him pills and tablets that may be carried in a small bottle in the pocket. Having thus his medicine always with him it is more convenient for him to carry out directions.

C. E. Boynton, B. S., M. D.

Los Banos, Cal.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. OCTOBER, 1902. No. 10

THE RELIGIOUS PRESS.

We purchased a copy of the "War Cry" recently and after looking it over gave some thought to the character of religious papers. Whatever may be said about the Salvation Army, this much is true, that it is an organization which is exceedingly earnest and is doing what it considers right, and is not out for money except as it can be used in furthering the work. This copy of the "War Cry" did not contain an advertisement of any kind. If the Salvation Army can afford to publish a paper free from advertisements, why cannot other denominations publish papers which are at least free from swindling advertisements.

A prominent religious paper published by a leading denomination carries advertisements which are a disgrace to the church. In a copy a short time ago we noticed advertisements guaranteeing to cure incurable diseases, offering to cure with medicine cases which can only be cured by surgical means, and other swindling propositions. Many religious papers carry advertisements of medicines and appliances which are simply swindling schemes and the editors know it.

Some people think that when they see a thing advertised in a religious paper it must be all right or the editor would not admit it. Some of these people who are swindled begin to lose faith in the religious papers and the church often loses its hold upon members in this way. It is a notorious fact that advertisements are carried in religious papers which many publications, especially agricultural papers, will not carry, as they do not wish their papers to be the means of fleecing people out of good money.

We are asked to subscribe for religious papers for the good of the cause, etc., while the publishers are working the advertising end of the paper for all the money there is in it. If the religious papers would drop out objectionable advertisements we might then think they were published in the interest of a good cause. If they would be like the Salvation Army and drop out all advertisements they would doubtless get enough additional subscribers to make up the deficiency, as people would then know that the papers were published in the interest of good and not as money making schemes.

The religious papers of this country can be a great power for good and we regret to see them injure their influence by publishing swindling medical advertisements for the revenue there is in it. If every doctor would call his pastor's attention to this evil, it doubtless would be remedied.

If your subscription to the Recorder has expired we are looking for your renewal. For the present we will send one thousand of our premium labels with each renewal subscription.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE PRINCIPLES AND PRACTICE OF BANDAGING.—By Gwilym G. Davis, M. D., of the Universities of Penna. and of Gottingen; Surgeon to the Episcopal, St. Joseph's and Orthopedic Hospitals. Illustrated from original drawings by the author. Pages, 146; cloth, $1.00 net; Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St.

This book covers the subject thoroughly and will enable the reader to apply any bandage properly. The subject is in three sections: The Roller Bandage, The Tailed Bandages or Slings, The Handkerchief Bandages. The author says: "Of recent years the prevalence of gauze bandages and their substitution for those of muslin have caused a great deterioration in their application. Many surgeons seem to wind them aimlessly around a part without the faintest idea of order or sequence. It is hardly necessary to say that there is a right way and a wrong way. Simplicity is the main characteristic of the modern bandage. The old writers, particularly Galen, describe most intricate bandages, winding in many unusual directions Almost every newly invented turn can be found in the bandages of the ancients. Their bandages were too complex, while we, on the other hand, are apt to be ignorant of their proper construction and careless in their application."

The book contains many excellent original illustrations, which are very necessary in a work of this kind. Many medical colleges do not give enough attention to teaching bandaging, but a perusal of this book will supply the deficiency.

TYPHOID FEVER.—By J. T. Moore, M. D., M. C. P. S., Professor of Theory and Practice of Medicine, Medical Department of Hamline University, Minneapolis, Minn. Pages, 159; price, $1.00 net. Chicago, G. P. Engelhard & Co., 1902.

The object of this book is to present a summary of the most valuable conclusions of different writers and to give the facts and conclusions proven in the author's experience. The result is an immense amount of information on typhoid condensed in one little volume. The section on diagnosis is very clear; the Diazo test, Widal test and Baruch's sign are explained. The chapter on treatment is especially practical, giving only the measures of proven value. Complications and sequelae are thoroughly considered in one section of the work. No matter how many works on practice you have you will find this book a valuable addition to your literature on typhoid fever.

PEDIATRICS AND ORTHOPEDIC SURGERY —Edited by W. S. Christopher, M. D., John Ridlon, A. M., M. D., and S. J. Walker, A. B., M. D. Volume VII of the Practical Medicine Series of Year Books, under the general editorial charge of G. P. Head, M. D. Pages 231. Illustrated. Cloth $1.25. Chicago, The Year Book Publishers, 40 Dearborn Street.

Drs. Christopher and Walker present abstracts of and editorial notes on the year's literature on pediatrics. The abstracts are classified and each is numbered which permits of quick reference and frequent cross reference.

Dr. John Ridlon gives the years progress in orthopedic surgery. He not only presents abstracts of the leading articles but discusses the sub-

jects, giving his own views on them. This adds much to the interest of the volume.

The volume is nicely printed and illustrated. The set of ten volumes of Year Books is published at $7.50.

BOOK NOTES.

VICK'S Magazine for October contains a variety of interesting matter, relating to floriculture and family affairs. If you are interested in floriculture drop a card to to the publishers at Rochester, N. Y. for a sample copy.

We have received a dozen interesting reprints, by Dr. Carl Beck, most of them treating on the use of the X-ray. Any of our readers who are especially interested in the X-ray can doubtless obtain the reprints by addressing Dr. Beck, 37 East 31st St., New York. The postage on the lot is five cents.

The Household for September shows much evidence of the rapid improvement in this magazize. The number contains a good supply of wholesome fiction. The departments are filled with practical suggestions which every family can use. F. R. Heustis contributes a practical illustrated article on "Photography". "A Year of Butterflies" is concluded in this number. "Out of Doors," by Rosalind Richards, is a good nature article. The Household is published at Union Square, New York.

It would seem that the entire field of medical journalism was well covered by the numerous journals published but medico-legal matters have been neglected. A new monthly journal, The Medico-Legal Bulletin, has been started at Fort Wayne, Ind., to fill this vacancy. The Bulletin will give reliable and accessible information relative to the laws governing the practice of medicine, the relation of the physician to the public and the State, and his rights, duties and liabilities under those laws. Sample copy of the Bulletin sent free to any of our readers.

Infinite variety characterizes the contents of the October Everybody's. The number is full of spirited tales and entertaining articles. Rudyard Kipling's last story, "The Comprehension of Private Copper," follows a picturesque account of "Old Steamboat Days on the Mississippi," by G. W. Ogden. In "Monstery, Soldier of Fortune," H. S. Canfield tells of a Chicago fencing master whose career was as adventurous as D'Artagnan's. "What is luck?" by Paul Latzke, attributes fortune's favors to character rather than chance. "A Crœsus of South Africa," by Chalmers Roberts, records the personality of the immensely wealthy Alfred Beit, who was Cecil Rhodes' partner. E. A. Hamilton sums up the careers of "The Big Bonanza Four," who made so many millions out of the Comstock. Miss Marie Van Vorst in "The Woman That Toils," describes her experience as a working girl in a shoe factory at Lynn. C. Bryson Taylor writes of "Vassili Verestchagin."

A timely paper in Lippincott's Magazine for October is by J. G, Rosengarten, author of "The German in Soldier in the Wars of the United States," contains in brlef form much information about "American History from German Sources." Some very practical suggestions for building and running a greenhouse at home are contributed by Eben E. Rexford under the title ,"The Home Greenhouse;" and an interesting travel-paper by J. W. Davies is called "By Coach through South Africa." The complete novel of the number is by Mary Mors and is entitled "Fruit out of Sea-

son." Marie Van Vorst's stories run in order of good, better, best. This, her latest, called "The Primrose Way," in the October Lippincott, excels anything she has yet published, which is praise indeed. The quaint humor of Josiah Allen's wife is abundantly demonstrated in her tale called "Dr. Marsh's Fortunate Call." It is both pathetic and amusing, dealing with the sex which is "weak and easy flattered." A sharp contrast is presented in the story contributed by Cy Warman entitled "The Persecution of a Pup," which is a powerful animal story. Other stories and sketches make this an excellent number.

There is not a weak spot in the contents of the October number of McClure's Magazine. First in interest is the editorial announcement of Miss Ida M. Tarbell's long-promised "History of the Standard Oil Company," now definitely scheduled to begin in the November number. Mr. Ralph N. Easley, the man who conceived and organized, and is now the secretary of the National Civic Federation writes: "What Organized Labor Has Learned," a paper which should be read by every American who wishes to know what manner of men the big labor leaders really are, what their ideals are, and by what methods they rule their Unions. A third article of unusual importance is "Tweed Days in St. Louis," by Claude H. Wetmore and Lincoln Steffens, a sketch of the methods of Joseph W. Folk, the Circuit Attorney of St. Louis, who single-handled, has broken up the most corrupt and powerful municipal ring in the country. John La Farge's series of essays on "Great Artists" has everywhere been received as the most notable art criticism ever written in America. The fifth of these appears in this number, and has Velasquez for its subject. As a story of adventure, Dr. Henry C. Rowland's "In the Whale Boat," has not been beaten in a long while. Dr. Rowland will be remembered as the author of a vivid and powerful article on "Fighting Life in the Philippines," drawn from his personal experience as an army surgeon.

The October issue of Success is a welcome one, for it offers a wide range of reading matter that is highly representative of the progress of American matters. The list of contents this month contains a number of prominent names, notable among them being that of Henry Cabot Lodge, United States Senator from Massachusetts, who provides an interesting discourse on "Good Citizenship". John R. Spears, contributes an instructive paper entitled "Farming the Ocean," in which he describes how Uncle Sam keeps the ocean stocked with fish for food, and the methods employed in their protection. Robert H. Thurston, of the faculty of Cornell University, contributes an article entitled "How American Captains of Industry Are Made." "The First Century of Ohio's Statehood," by David Fairley St. Clair, is an article that will appeal to every loyal son of Ohio, and to those of her sister states as well. Richard Le Gallienne, writes of his young countrymen and friend, Stephen Phillips, the dramatic poet. Mr. Phillips, Mr. Le Gallienne claims, is the most notable figure in dramatic poetry in years. The article is adorned with a poem by Mr. Phillips, which is certainly a fine effort. Among other valuable and timely articles are "Psychurgy," (an interview with Elmer Gates,) by Emily Lee Sherwood; "Why Women Study Law," by Mrs. Theodore Sutro; "The Evolution of the Sleeping Car," by Cy Warman; "The Light of the Future," by Hudson Maxim; "The Heroism of Coal Miners," by F. A. Smink, and the "Making of an Orator," by Henry M. Dowling.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

College Athletics—Recently a college president stated that if a student occasionally is killed or maimed in college sports no unfavorable comments should be made nor the practice stopped, as college athletics breed a sturdier race and occasional accidents must be expected in college sports as in army life. We believe in the physical development of the young men of today but we fail to see the necessity of the extreme roughness of the athletics of many modern colleges. It is not necessary that young men should be killed or crippled for life in class fights and football games. If the college faculties will insist upon proper regulations the sports can be enjoyable and beneficial. According to newspaper reports a late occurrence at a Wisconsin college would be more befitting the inhabitants of the cannibal islands than the inmates of an institution of culture and learning. A young man's face and body were painted with iodine. Later this was removed from his face with oxalic acid, which burned so as to leave scars. This affair was followed by a class fight in which a number were injured. The disfigurement, the crippling of a young man for life, is too serious a matter to be passed over lightly.

Free Dispensaries.—While the free dispensary question has been discussed until it is old, yet it is a problem which, like the trusts, will not down but must be considered. Dr. J. M. Mathews, of Louisville, Ky., wrote an interesting editorial letter to the Louisville Journal of Medicine and Surgery, during his visit in New York City during the past summer. Regarding the free dispensary he says:

One thing that impresses the visiting doctor is the great abuse of the dispensary. These institutions were established in order that the poor, those who could not afford to pay for medical attention, could receive medicines and attention free. These promptings were, indeed, a noble charity—but how things have changed here in New York. It takes but one visit to become convinced that it is not the poor alone who find shelter under these wings. Men and women possessed of more than moderate means frequent these noble charitable (?) institutions. And who can blame them, for is it not here that the best medical talent is to be found, and that, too, "without money and without price." To be treated at the "Vanderbilt Dispensary" is no disgrace, and much money is saved. But look you how this same money is directed out of its natural channel, viz: the striving young doctor's pocket. The thing has gone too far, I fear, to ever be rectified, and more's the pity.

Cure for Stammering—Doubtless many Recorder readers are consulted for a cure for stammering and probably not many cures are made. If any of our readers have methods for curing the annoying trouble we should be glad to have them reported to the Recorder. We recently noticed a simple cure recommended in London Health. This procedure seems rational and we hope some of our reader will try it and report results:

A gentleman who stammered from childhood almost up to manhood gives a very simple remedy for the misfortune: "Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud, to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week, if tiresome, always taking care to read slowly and distinctly, moving the lips and not the teeth. Then conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer.

"Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours, aloud, with my teeth together. The first result was to make my tongue and jaws ache—that is, while I was reading; and the next, to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked about it. I repeated the remedy every five or six days, for a month, and then at longer intervals, till cured."

Prevention of Abortion—Dr. Frederick Edge, writing on the treatment of abortion in the Birmingham Medical Review gives the following excellent summary of the preventive measures against miscarriage:

1. Violent exercises are to be prohibited.

2. All exposure to shocks and frights is to be avoided.

3. Operative procedures should not be undertaken unless absolutely necessary and urgent. Pessaries are not to be worn after the fourth month. Vaginal douching should be prohibited. This last point should always be remembered, as it may lead to abortion after its previous use has aided conception and helped to cure sterility. Hot sitz baths may be placed in same category.

4. Pedunculated ovarian and fibromyomatous tumours are to be pushed into the abdominal cavity, if in the pelvis, until after labour has taken place. Uterine displacements must be rectified. Retroflexion is the most characteristic. When necessary the genupectoral position may be used for replacement and a pessary inserted until the end of the fourth month. Pelvic inflammations are often absorbed, or pregnancy goes on despite them. Adhesions become soft and stretch. Treatment of a general nature is used.

5. Tight stays and tight lacing should be forbidden.

6. The regular action of the bowels must be obtained, and there is no danger in using enemata if care be taken to make them mild and not too hot or cold, and they may be administered gently and not too copiously.

7. General weakness, anaemia, and especially syphilis should be treated. When there has been previous miscarriage, give small doses of mercurials until child is born and weaned.

8. Endometritis, subinvolution and other genital diseases must be treated between pregnancies.

9. General diseases, fever, chorea and epilepsy, etc., must be treated on general principles, with always the object of keeping down the abdominal pressure.

10. The use of stimulants, alcohol especially, is to be avoided. Overlactation may lead to such changes in the uterus as to cause abortion, and there is a question of the influence it has in causing extra-uterine pregnancy.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

WATCH THE HEART.

By Julian Forbes, M. D., City of Mexico.

In treating typhoid fever, pneumonia, or in fact any disease in which we have a fever, or pain, or in fact any other symptoms which will weaken the heart as it does other organs, the intelligent and conscientious physician will never allow himself to forget the heart. In fact, the modern, well informed physician has come to regard the duty to "watch the heart" as his watchword.

Now, in management of these fevers we cannot successfully manage the heart by giving digitalis, or drugs of that kind. While seemingly indicated, in fact they are contra-indicated. Now weakness of the heart in that case comes from the restlessness and sleeplessness in most instances. In fact, it will be hard to recall a case that has occured in one's practice where there was a feeble heart to contend with, in which the patient was not restless or sleepless. These two factors are elements which make all diseases worse, and they must receive adequate treatment at the first appearance.

To keep the heart regular as regards volume, no remedy acts more happily than Daniel's conc. tr. passiflora incarnata. Given doses of one to two teaspoonfuls every two to three hours, this agent overcomes the restlessness and sleeplessness, and the heart acts less violently, and the pulse will in a few hours come down from 140 to 90 and even 78. Restfulness and sleep are great tonics to the heart, and therapeutics has in no way increased the capabilities of the physician better than by affording him a remedy by which he can secure rest and sleep to his patient. By employing Daniel's conc. tinct. passiflora incarnata, too, we can secure rest and sleep without bringing to our patient the bad effects which are associated with the employment of the opiates.

While the remedy is being taken, too, the patient does not suffer with the headache, and this trouble, as it is well known, contributes greatly to the patient's nerves.

Another point in regard to this remedy is the fact that it is non-toxic.

HOW TO ASSIST YOUNG GIRLS TO WOMANHOOD.

By Edward C. Hill, M. D., Denver, Colorado.

The primary establishment and the menopausal cessation of menstruation are the two crucial physical epochs of woman's life. The change from maidenhood to womanhood is one that involves the whole body, and manifests itself alike in the form, the voice and the sexual and nervous phenomena. In an ideal state of perfect health this transition into puberty should be as natural and uneventful as gliding from sleep into consciousness. Owing, however, to the present civilized modes of living, the cerebral development of young girls is fostered and forced to a degree that deprives the remaining tissues and organs of their necessary nutrition, and too often we are called upon to treat delicate girls that are like buds blasted in the blossoming. Many a woman traces back a pro-

longed existence of semi-invalidism to exposure and lack of care at the early menstrual periods. Tight lacing also predisposes to pelvic disorders by interfering with circulation and exciting uterine displacements. The strain of of puberty upon the nervous and blood-forming structures may be too great in a subject hereditarily deficient in vital resistance and adaptability. So we may count among the morbid incidents more or less peculiar to puberty, chlorosis and anemias, general debility, neurasthenia and hysteria, acute pneumonic phthisis, chorea and hebephrenia.

According to Emmet, more than half of all women who have suffered at puberty from menstrual derangements are sterile and delicate in after life. Skene has stated that his observations showed that the vast majority of incurable diseases peculiar to women originate in imperfect development consequent derangement of function. This development is either primary, during the embryonic stage, or secondary, at puberty. Defects in the former are irremediable, whereas secondary deviations from the normal standard are both preventable in most instances.

It is important in connection with the subject under consideration to bear in mind the essential reciprocal relations of the reproductive system and the general organization. As Virchow says, all the specific properties of woman's body and all her womanly characteristics, depend upon her ovaries. In other words a woman is not fully a woman unless her sexual development is natural and complete and in line with a healthy general organization. A beautiful illustration of sexual dimorphism has been furnished by Prof. Max Weber (quoted by Skene), who presented the case of a chaffinch in which the left side of the body had the female coloratin and the right side that of the male bird, the two colors being sharply limited at the middle line. The bird was a hermaphrodite with a well-developed ovary on the side of the female plumage, and a testicle on the opposite side. The phenomena of menstruation offer the most palpable evidence of the onset of puberty. The precise nature of this rythmic cycle is overshadowed by a jungle of theories, and, as Millikin well says, we can do no better in the present state of our knowledge than accept menstruation as a habit which has been nailed upon our race by hereditary, and which is for us an ultimate biologic fact.

Normal menstruation in temperate climates generally begins in the fifteenth year. In the tropics it appears much earlier, so that in Mexico one may see a grandmother of only twenty years. Within the Arctic Circle Eskimo girls do not generally arrive at puberty until the eighteenth year. City girls usually have the menstrual flow earlier than do hard working country girls, in whom muscular exercise has the same derivative effect on the pelvic blood supply as too intense devotion to study. The time, amount and character of the menstrual flow vary normally within wide limits. The menstrual cycle for different individuals ranges in perfect health from two to six weeks. The average duration in the temperate zone is about four days. Soaking more than three napkins daily is considered abnormal. Anemic girls, as a rule, tend to menorrhagia; chlorotic ones, to scanty menstruation. Clots are present when the amount of blood is great, or the mucus and fatty acids scanty. A periodic white menstruation, from supersecretion of the uterine glands, is not infrequently noticed in the intervals midway of menstruation.

Menstruation is or should be a perfectly physiologic process. In the virgin disorders of menstruation of whatever nature are nearly always depen-

dent upon the defective nutrition of of the reproductive organs, and this in turn upon a blood supply insufficient in quality or in quantity. In the great majority of cases, therefore, our efforts to aid nature in effecting the transformation of the girl into a woman, should be in the line of a happy balance of nutrition between the special female organs and the body as a whole.

Hygienic measures are of the first importance. Fresh air and sunshine are always in order. Exercise is especially indicated for the fat and flabby chlorotic girl, and her diet should be restricted in sugars and starches. The highly active, intellectual girl must rest from her studies and try to become a little lazy. Proper precautions should be taken in regard to reasonable care of the person at the person at the time of the monthly periods. Yet the physician should beware of unduly alarming his little patient, and so bringing about a condition of hypochondriacal valetudinarianism. Simple cleanliness is certain to do no harm, but good. The conservation of the general health and vigor is the chief factor in maintaining safe and easy menstruation.

In spite of hereditary defects, if the physician could have full control of the diet, clothing, hygiene and environments of the little girls in his clientele up to the date of puberty, but little if any medication would be then required. Unfortunately, however, the lack of harmonious development in the preadolescent period necessitates considerable medical attention to secure a normal course for the critical metamorphosis of puberty, whose influences, as Dudley remarks, are fundamental, not only in the reproductive organs, but in the entire woman. Actual pain at the menstrual period in the young virgin may be considered always pathologic, and the same is true of menorrhagia or very scanty menstruation. Such abnormalities of function should direct our attention to the state of nutrition especially. The obese, chlorotic girl must take more exercise; the thin, delicate, sensitive girl, more rest. Fresh air and sunshine are needed in every instance. Red meat, eggs and other blood-forming foods should be taken in such quantities as can be well borne. The appetite for wholesome nutriment should be encouraged, if need be, by stomachic stimulants, such as the official elixir of strychnin, pepsin and bismuth. The use of bromides, coal-tar analgesics and diffusible stimulants at the menstrual periods can be regarded only as a temporary makeshift.

The most constant and positive and clinical sign of imperfect puberty is deficiency of the blood in red corpuscles and hemoglobin, the chlorotic type being perhaps more common than the simple anemic in relation to menstrual disorders. Hemic defects and malnutrition act reciprocally as cause and effect. The oxidizing life of the blood is in the iron it contains, with about one-twentieth as much manganese. The total iron of the adult body amounts to but 2.5 grams or 3.5 grams, chiefly in the form of hemoglobin. The normal daily content of iron in the food of an average diet, is. according to Stockman, from five to ten milligrams. When absorbed, as in health, this food-iron replaces the metal continually lost by disintegration of blood corpuscles and excretion. The round of iron in the body seems to be from the duodenum to the mesenteric glands, thence to the thoracic duct, the general blood current and the spleen, from where it passes to the liver to be synthetized into hemoglobin for the real cells, on the breaking down of which the dissociated iron is eliminated by way of the large intestine.

The use of iron in anemic and chlorotic conditions is, of course, a cardinal principle in therapeutics. In girls becoming women to supply a deficiency of erythrocytes or hemoglobin, one might infer at first thought that the best method would be to administer hemoglobin, that is, blood in some form. Chemistry proves, however, that when hemoglobin is taken into the stomach it is changed by the acid there to hematin (causing the coffee-ground color of small gastric hemorrhages), which, according to Cloetta, passes down the alimentary tract without being absorbed.

Most authorities conclude that inorganic compounds of iron in order to be absorbed must first be changed to albuminates by combining with food matters. All albuminous substances are hydrolyzed to peptons before they are capable of absorption. Hence it follows that a peptonate of iron is the preparation most likely to be readily and completely absorbed and assimilated. The best remedy of this composition, I think, is Gude's pepto-mangan, which I have used for the past ten years with great satisfaction, particularly in the hemic and nutritive disorders of female puberty.

This neutral solution contains three grains of iron and one grain of manganese in each tablespoonful. The latter ingredient is doubtless to be credited with a large part of the nearly specific effect of the remedy in functional menstrual derangements. The preparation is pleasant to the eye, agreeable to the palate and has the great advantage over inorganic iron compounds of not corroding the teeth, deranging digestion nor inducing constipation. According to the nature and severity of the case, the dose varies from a teaspoonful to a tablespoonful. It is well taken in milk or sherry just after meals.

EPILEPSY.

A SUCCESSFUL TREATMENT.

By Chas. E. Lee, M. D., 386 Laurel Ave., St. Paul, Minn.

Dr. Towns' proprietary medicine for epilepsy has done for a patient of mine, what I could not do, with the use of the best known medicines. The case was one of a young lad who had meningitis terribly, with subsequent epilepsy. I think this had continued somewhat retarded by remedies, for two years before he began to take Dr. Towns' remedies. In two years' time he has had I think but two convulsions, as against four or five a week before. He is still taking the remedy three times a day. It has had no injurious effect upon him in any respect, but rather helpful. He is now in fair health, and bids fair to make a complete recovery. The doctor thinks that he should not drop the remedy yet, and in this I think he is correct. The disease becomes a systematic habit, and requires a long time to break up even after the exciting causes have been removed. I should advise a trial of his remedy. Dr. Towns' address is 104 Third St., Fond du Lac, Wis.

PROTECTED ETHPHARMAL MEDICINES.

By L. G. Armstrong, M. D., Boscobel, Wis.

I have no use whatever for any form of patent medicine. In the use of crude materials many vexatious things are encountered, if these can be eliminated much has been accomplished, and an excuse found for the use of protected ethpharmal medicines. So far as my experience goes it is a

real advantage to the profession; it enables us to procure in a certain fixed form certain drug effects, and that is what we want. I thank pharmaceutical chemists that the real drug effect is thoroughly brought out. I procured about a month ago an eight ounce vial of sanmetto. I am perfectly familiar and for years have known the drugs and drug effects of the remedies said to be contained in sanmetto. The announced composition, freely made known to the profession, has made amends for the name; protected or not as the case may chance to be. I use it for all kinds of irritation of the urinary tract. The sample is exactly what we get in the eight ounce bottle in our drug houses in this place, and I know it, so am willing to order a full size bottle, eight ounces, as any other amount.

VIRCHOW'S GREAT THEORY.

ITS APPLICATION TO CLINICAL MECICINE OF TO DAY.

By the death of Rudolph Ludwig Virchow the world lost one whose career is a mile-stone in the path of scientific medicine. His early life and work was that of a scientific revolutionist. The impregnable fallacies of tissue construction were swept away by the formidable argument which is now to become his greatest monument: —Omnis cellula et cellula. To this noted observer are accredited those theories and facts which formed the basis for cellular pathology. Virchow personally claimed no recognition for his research work in cytology. He disclaimed all title to originality in this new field, holding that only as an observer was he first to comprehend the pathologic importance of the individual cell.

In 1842 he advanced the view that the characteristic leucocytes of acute inflammation were the direct result of multiplication of connective-tissue corpuscles. This theory incited dispute and stimulated investigation. Addison and Waller contended that white corpuscles passed directly through the wall of a blocd vessel. Discussion and research went hand in hand, swinging on the pivot point of the cell, per se. Cohnheim definitely proved the identity of the white corpuscles and, while overthrowing the theory advanced by Virchow, acknowledged that the fallacy of the great observer's original contention was the basis of all future work.

Conclusions deemed adequate to explain the various stages of inflammation were condemned. The cell became the object of critical study. Its histologic relationship to the human economy incited physiologists to undertake experimental work. Pathologists pursued to completeness the study of that intimate association between cell production and morbid growths. From these several lines of thought evolved the conception that the health of the human organism, as a unit, depended on the stability of cell life.

The chemico-biologic activity of the cell is explanatory of the value certain medicinal substances possess in the adjustment of disturbance due to inflammation. There exists an affinity in cellular tissue for hydroscopic fluids. Based on this known property of selectiveness the curative power of a drug must be estimated. Ehrlich's theory of "lateral chains" establishes the preference of the cell for toxines and the converse is equally true. That which is chemically compatible with the construction of the cell body ultimately forms a component part. The selective affinity for food, physical property of locomotion and constant presence in inflammation determined the necessity of adapting the curative treatment to environment of the life of the cell.

To the general practitioner has been allotted the task of demonstrating the clinical value of all laboratory research. To him belongs the field of clinical medicine. Through his efforts in every-day practice the useful knowledge of the pathologist finds its way to the patient. Thus the patient unwittingly becomes the exponent of convincing truth.

Virchow gave birth to a theory which determined itself into indisputable fact. In direct scientific application to principle antiphlogistine was constructed. The immediate factor essential for success was the reduction of inflammation. This antiphlogistine does through the physical process of osmosis. Relief from pain occurs on diminished pressure of the congested tissue. Through the admixture of bland antiseptics the chemical irritation of the nerve ends is neutralized. In every way, chemical, physical and medicinal, antiphlogistine re-establishes the stability of cell life, by acting upon and dispersing the mass of extravasated fluid. Absorption rapidly takes place through the relieved lymphatics. Antiphlogistine is the only medium to impart recuperative energy to the inflamed tissues.

A SURGICAL CONVENIENCE.

A surgeon in order to do his best work requires the sharpest instruments. It is not convenient to send them to an instrument maker as often as they require sharpening. The invention of the "Dry Hone" by E. A. Harrington, of Waukesha, now furnishes the surgeon with an appliance which will keep his instruments always sharp.

The "Dry" was originally intended for barbers, but is coming into favor quite rapidly with surgeons; for by a little retouching after using the instruments they will always have a razor edge The "Dry" is small and convenient to carry with instruments, and it requires but a few strokes, if necessary, to retouch while operating. It can be sterilized with instruments without injury to the hone.

It is said in ancient times dry honing of edged tools was employed, but that the art of producing a dry hone was long since lost, and remained so until Mr. Harrington, after some years of patient experimenting, hit upon the secret. Its use is so simple and practical that it is only a question of a short time when it will come into as universal use as a razor, or other edged tools requiring similar treatment. It is valuable in preparing surgical instruments that require the keenest edge.

TWO OLD FRIENDS.

We have received some five-grain antikamnia tablets, and also tablets of this drug combined with codeine. Antikamnia, as its name implies, is an analgesic and anodyne and it has gained much favour in the United States both for this and for its antipyretic action. It has been proven not to depress the heart ,after the manner of many other coal-tar preparations. Each antikamnia tablet contains 5 grs. of the drug (the usual dose), which can be repeated every fifteen or twenty minutes, until three or four doses have been taken. Antikamnia and codeine tablets consist of four and three-fourths grains of antikamnia and one-fourth grain of codeine and have been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist. Neuroses due to suppressed or irregular menses, particularly during the menopause, seem more amenable to this combination than to antikamnia alone. Antikamnia and codeine tablets are especially indicated in membranous affections of the lungs, throat and bronchi. Both tablets merit a trial in neuralgia and

spasmodic ailments and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favour. —Edinburg Medical Journal.

PAPINE FOR COUGH.

In the supplement to the Journal of Tuberculosis the whole subject of tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controling the cough of pleurisy, one of the complications of phthisis; the doctor says (January, 1902, page 101) "Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results and which possesses the very desirable advantage of not causing constipation."

CARDIAC THERAPY.

In fatty degeneration of the heart Fellows' hypophosphites is employed by physicians the world over. It cannot be disputed that the continued use of Fellows' in these cases is one of the best means at the physician's disposal. Strychnine is invariably relied upon as a heart tonic and stimulant, and what better method of giving this indispensable remedy than in a bland syrup which contains also powerful tonic and reconstructives indicated in this condition. As Professor Forchheimer, one of the leading authorities, states, the remedy is a tonic to the muscular and vascular system, to the central nervous system, and locally to the stomach. It is a matter of years' experience that Fellows' hypophosphites is the remedy par excellence for fatty degeneration of the heart.

BRIEF MENTION.

New York city has 5,445 physicians.

Bismuthose is a new albuminous bismuth compound which promises to have many advantages over bismuth subnitrate.

If you are intending to buy any electrical apparatus you need the latest catalogue of the McIntosh Battery & Optical Co.

Lanikol is a combination of acetanilide, salicylic acid, aristol, zinc oxide and ichthyol ground in a lanoline base. It cures many skin diseases. Sample free.

Arsenauro and mercauro have the power to cure diabetes mellitus by quieting the irritation of the vaso motor centres whence the glycosuria and other symptoms of diabetes emanate.

There is nothing better for any case of constipation than Abbott's saline laxative. It is efficient and palatable. Thousands of physicians prescribe it every day in all classes of cases. Samples free.

Aletris cordial is indicated as a prophylactic remedy against post-partum hemorrhage, uterine weakness, great development of the fetus and of the adnexa, and in those cases in which there is disposition to hemorrhages.

I have found Naphey's medicated uterine wafers as represented. For

leucorrhea, prolapsus of the womb and all symptoms of the menopause I have found the wafers equal to any remedies for these diseases.—B. S. Vawter, M. D., Bent Creek, Va.

Dr. John Byrne, a prominent gynecologist of Brooklyn, died Oct. 1, aged 77 years. He had practiced for fifty-four years in Brooklyn and died in Switzerland. He retired from active practice last spring and went abroad intending to spend several years in travel.

Dr. J. T. Wallace, of Seattle, Wash., says: I have prescribed neurilla for a woman who was having a stormy time at the menopause was wretchedly nervous, insomnic, blue, etc. I used static electricity at the same time. Neurilla has done her a great deal of good.

Have you sent for a copy of Dr. John Aulde's "Manual of Physiological Cell Medication?" If not, better drop a card today to Dr. John Aulde, Kennett Square, Pa., for a copy, which will be sent free of charge. It is a little book containing a large amount of information on advanced therapeutics.

Write the following for that obstinate case of gastric trouble and you and your patient will be happy:

℞ Chloropepsoid, ʒij
Syr. simpl., ʒj
Aqua, ℥v

M. S. One to two teaspoonfuls immediately after each meal and before retiring.

Dr. A. M. Phelps, the eminent orthopedic surgeon, died Oct. 6, from an operation performed for cancer of the omentum. He was nearly 52 years of age and was engaged in active practice up to a short time before his death. He was professor of orthopedic surgery in the University of New York and the Post Graduate Medical School. He had occupied many positions of honor in the profession. He was the originator of a number of orthopedic operations and the designer of original orthopedic apparatus.

Dr. M. J. Asch died at his home near New York city, October 5, aged 69 years. He served through the civil war as surgeon. As a rhinologist and laryngologist he had an international reputation. The operation for deflected septum which bears his name is a result of his experience. As an operator and writer he was well known.

H. M. Merrell Co., Cincinnati, guarantees every item sold. If you are not pleased say so, and they will return your money. They are square in every respect and help you pay freight on goods. If you have not received them send for their new price list and Merrell's Index of Posology and Therapeutics. The latter is a 150 page book. Both free to Recorder readers.

Bovinine is one of the best dressings after childbirth or miscarriage, under the following conditions: After 24 hours or more, when you come in and find your patient with a quick pulse, lochia almost stopped, temperature 101 deg. to 104 deg., eyes glassy and with symptoms of septicemia, pack the vagina with sterilized gauze, well saturated with bovinine, and renew in 12 hours, if symptoms are not normal. I have never known this to fail.—T. M. Togus, M. D., Hooksett, N. H.

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LEADING ORIGINAL ARTICLES.

SYPHILIS.

By George J. Monroe, M. D., Room 30, Courier Journal Building, Louisville, Ky.

Can syphilis be cured? I am often asked this question. Whether we should positively answer yes or no has not yet been decided. A great many good physicians say that it can be; an equal number, probably equally as good, say that it can not be. My own opinion, derived from experience and observation, leads me to say that I do not believe syphilis is ever entirely eradicated from the system. It may be under control for many years, I believe, but I just as firmly believe that some exciting cause may produce some manifestation of syphilis at any time during the life of the syphilitic after the primary affection.

I also believe that he may impart the disease to his offspring. The seed is there, and like wheat taken from the ruins of Pompeii or Herculaneum, only requires proper conditions to grow and flourish.

Any part of the system may be affected by the tertiary form of syphilis, but I wish to speak more particularly in this paper of the brain and nervous system. It is estimated by good authority that the brain and nervous system becomes affected in from twenty to thirty per cent. in tertiary syphilis. In fact I believe that tertiary syphilis affects the nervous system in as many as one-half the cases. The effect may be so slight in some that it is hardly perceptible, and is not noticed; or if it is noticed, it is attributed to something else. Nervous symptoms may not develop for many years after the initial chancre. We usually observe them in three or four years, but they may not manifest themselves for twenty, thirty or forty years after the primary sore. The nervous system is not alone affected by the syphilitic poison, but by the syphilitic disease of the blood vessels and membranes and nerves. The arteries seem to suffer more than the veins. There is a new tissue formation—a gumma or gluey material. These gummata produce pressure upon brain tissue. They are the most common growths inside the cranium from syphilis, and are more apt to occur from the ages of twenty-five to fifty. They vary in size. We will find them from the size of a small marble to as large as a hickory nut. The symptoms are headache, sleep disturbances, changes in mental condition, loss of memory, and in fact a general breakdown, both mentally and

physically. The headaches from syphilis are not very severe as a rule. Sometimes a boring feeling is experienced. Occasionally at night the headache is severe. We have more or less dizziness accompanying the headache. We may have sleeplessness with the headache, or we may have the headache without insomnia, or insomnia without the headache.

There may be, and frequently is, an epileptic condition. The attacks may be either grand mal or petit mal. In these epileptic attacks consciousness is not so generally lost as in other forms of epilepsy. The attack, as a rule, does not last as long as in common epilepsy. Late epilepsy—that is, epilepsy coming on after the age of twenty-five—is almost certain to be syphilitic. In an adult, therefore, one over thirty years of age, and in apparent good health, who is attacked with epilepsy, we can almost certainly say they are suffering from the tertiary form of syphilis. After a patient has these convulsions for some time, we commonly find unequal size of the pupils and difficulty in vision. The pupils do not react steadily to light. Atropia will dilate them, however.

Strabismus frequently occurs in the tertiary form of syphilis. Sometimes the optic nerve becomes inflamed and we will then have optic neuritis. What a patient may see one day he frequently cannot see the next. The sense of smell often is lost. I once had a patient with tertiary syphilis who could not distinguish salt from sugar by the taste. The sense of taste seemed to be entirely absent. We may have partial paralysis Aphasias are frequent in the third form of syphilis.

The patient may become impatient, irritable, downhearted and depressed His entire character may become changed. He quickly becomes tired; sometimes any little exertion will exhaust him. He has a dull, don't care expression on his face. He may have melancholia, delusions and hypochondria, optic deficiency, amaurosis and convulsions.

Has the man had a chancre? Has he had any secondary symptoms? If he admits this it helps us materially in our treatment. A man may have had an insignificant sore, and slight secondary symptoms without even knowing it. This rarely occurs, however. A man may have had a sore inside of the urethra with a gonorrhea, and not know that he has had syphilis, attributing all of the trouble to the gonorrhea. It is sometimes hard to determine in this class of cases whether the patient ever has had syphilis. Disease of the optic nerve or third pair of nerves, after the age of thirty, indicates that it is tertiary syphilis. We do have headaches from disease of the kidney, but they usually continue longer. Syphilitic epilepsy is seldom ever cured by treatment of any kind.

The prognosis of the tertiary form of syphilis, especially when the brain is affected, is not very favorable. That the disease can be held in abeyance by medication I know from actual experience. Even some improvement may be noticed if the treatment be energetic and persistent, but I cannot say I ever saw an absolute and positive cure.

I will give a case which interested me considerably. It took me some time to diagnose syphilis. From the standing of the man I at first suspicioned syphilis. The symptoms were somewhat masked anyway. The patient, so far as I know, came of a good family. He possessed a good physical system; had married the second time. Since I have known him he has had two or three attacks of typhoid fever —more probably malarial fever. About a year before he came to me for treatment he began to have epilepsy, or what I would term semi-epilepsy. I do not think he entirely lost consciousness in these attacks. The convul-

sions were of frequent occurrence. This was especially the case when he became constipated, which was quite often. He had been under treatment for a long time before coming to me. As near as I can learn he had taken a large amount of bromide of potassium. I do not think it benefited him in the least. His stomach and bowels became irritable and inactive from the use of the bromides I examined him very thoroughly. I found some slight trouble with his heart, but of no serious nature. I found an enlarged liver. The spleen was also enlarged. This condition evidently resulted from rheumatism and malaria, from which he had suffered years before. I found uric acid in the urine. I also found some sugar. The quantity of urine passed was below normal. He was very much constipated and had no action of the bowels without the use of a cathartic or an enema. He had what I should call semi-epilepsy. The attacks would come on at any time, either night or day. Sometimes he would pass a week or two without having any convulsions; then sometimes he had a great many in succession. I was talking to him one day, when he asked me to come nearer to him, that he was going to have one of his spells. I watched him closely. His eyes became set and partially crossed; the pupils were very much dilated, and turned upward. The muscles became rigid. He kept up a continuous swallowing, as though there was something in the throat that he could not get down. This condition probably lasted three-quarters of a minute, when he took a deep breath and the muscles relaxed. He immediately had to go to the water closet. He said he not only had an action of the bowels but had to urinate. I am not certain that this was the case after all his attacks, but it did occur after many of them. He had no particular soreness of the muscles after these attacks, and in fact no symptoms of any kind, excepting perhaps a very red face, which soon became pale. The pupils of the eyes remained dilated for some little time. The pupil of the right eye was at all times larger than that of the left. The intellect did not seem to be greatly affected. I think he was more despondent and irritable than before having the convulsions. I was not satisfied with the case when he first came to me and at the time gave no diagnosis. I prescribed the cascara and rhubarb to keep his bowels acting, and carefully watched for two weeks. I decided he had diabetes in a very slight form; that he had stomach and intestinal indigestion; that his system was saturated with malaria. I gave him strychnine, quinine, cinchona, taraxicum, gentian and soda. I gave him calomel in small doses. I used massage with electricity over the abdomen. I restricted him in his diet. For a time he seemed to improve, and passed five or six weeks without having a convulsion. He then became careless about his treatment. He bought a drug store, and in this store he kept candy for sale. He ate a large amount of candy each day for a week or two. This brought on another attack of indigestion, and he began again to have the convulsions. He finally had a chill, followed by fever. I visited him once a day for about a week, when he recovered. Following this sickness he began to pass bloody urine; this continued only a few days. About this time his eyesight failed him nearly entirely. I sent him to an oculist, who fitted him with glasses. He could not see to read or write. He was by no means doing well. I suspicioned tertiary form of syphilis. I thought there was a gumma within the skull, pressing upon the brain and nerves. I placed him upon the protoiodide of mercury and iodide of potassium; I also gave him tonics.

I asked him one day if he ever had

syphilis. He told me that he had had a light attack about ten years before; that Dr. B. had treated him for it and pronounced him well. But he said he had begun to think that that might have something to do with his present illness. He had some knowledge of medicine. He told me when I began to give him the proto-iodide of mercury and iodide of potassium that he thought I thought he had syphilis. I told him he had made a great mistake in that he had not told the first physician he went to after the epilepsy manifested itself that he had had syphilis. He made a mistake also in not telling me. He admitted it, but he said that he rested upon the assurance of Dr. B., who had treated him and who pronounced him entirely well.

Not very long after this he decided that he could not come to my office as often as he ought to, living in a neighboring city. He therefore placed his case in a lady doctor's hands. It was reported that he was improving rapidly under her treatment. I do not know anything about the case after she began to treat him, as I never saw him again. A few weeks thereafter he went to bed sick, and soon I saw the report of his death; cause given, acute albuminuria.

Now then, I am satisfied in my own mind that the cause of his illness and death was tertiary syphilis, producing inflammation of the veins, arteries and meninges of the brain. There was probably a gumma somewhere within the head, producing pressure upon the brain and nerves. This evidently produced the convulsions or semi-epilepsy which he had, also the unfavorable conditions which manifested themselves. The probability is, had he been treated actively for syphilis in the tertiary form he would be living today. I do not say he would be a healthy man were he alive, but probably would be able to attend to business.

RECTAL DILATATION IN ACNE INDURATA.

By Ralph St. J. Perry, M. D., Farmington, Minnesota.

Probably no forms of skin disease give more trouble to young folks, especially those having social aspirations, than the chronic forms of acne, and of these, indurata is the most obstinate. They also worry the physician, who is asked to do the almost impossible in eradicating the disease. A recent experience in a case under my care may prove beneficial to others.

The maiden in the case had been bothered with "pimples" ever since the days of her pubescence; first a few, then some more, then a recurrence, next a whole crop of bumpy, lumpy ones, and finally a lot of indurations which threatened to hang on as long as her youth and innocence—maybe longer. She had been the rounds of family and ex-family physicians, beauty specialists and dermatologists, had used every remedy advertised in the newspapers, magazines, or by word of mouth. And still she was bumpy. Her case had reached the age of nine years. She came to me and I heard her tale of woe; I took notes of her case, its minutest symptoms and individual characteristics; I studied her case; I prescribed for her; I never "phased" her.

Oh, I admit it; plead gullty, etc. It was not the first time and it did not discourage me. But I sat down in the calm solitude within myself, and cogitated and ruminated. And from the depths of the way-back I brought to light a memory. I remembered how my orificial friend Pratt, of Chicago, had cured a lot of chronic syphilitic skin eruptions by first dilating the rectal sphincters to stimulate the capillary circulation. This girl's skin circulation was sluggish; she needed more of that rich red blood we read about in

postum cereal ads., to go tearing through her dermal capillaries, washing away the dead, effete matter, and carrying new life to the parts; her vaso-motor nerves needed to be waked up and told to "get into the game."

Well, I studied over it quite a while, and the more I studied the more I felt sure the scheme would work. Then I broke the news to the girl—gently at first—and accompanied the breaking by an earnest heart-to-heart talk on the orificial philosophy. Whether it was the intercardiac conversation or her over-anxiety to get a new face that brought her to my way of thinking I can't tell, but she consented after consulting the family.

The initial dilation was a thorough vibratory one, done with a bivalve speculum, while the patient was anæsthetized. After three or four days other milder dilatations were carried on daily by the patient, using the hard rubber rectal dilators. The results were good; within a week the face began to clear up, the lumps and bumps smoothed down, the greasy-appearance passed away, the yellowish, tanned-leather color gave way to a healthier normal hue, and altogether the treatment seems to have proven beneficial.

The burden of this improvement, to my notion, is attributable to the first dilatation. To dilate a spincter ani effectually, to arouse the nerve centers to activity, and to thoroughly flush the capillaries you must open up the bowel to the fullest capacity, and this can be done only under chloroform or ether. Cocaine and other local anæsthetics only partially cover the ground and do not affect the deeper nerves of sensation which are disturbed by a wide stretching of the muscles.

This is just a suggestion which comes from the results obtained in this one case. Perhaps some of the Recorder readers have similar cases and can induce them to submit to the treatment. If so, I hope they will report results.

FISTULA IN ANO.

By Charles C. Miller, M. D., 100 State Street, Chicago.

Fistula in ano is a condition which has received but little of the attention which it deserves from medical and surgical writers. In fact its cause, course and treatment are imperfectly understood by a majority of physicians and surgeons.

First, ask physicians as to the danger of a fistula, and you will find to a man, that their answer will almost certainly be of this nature: "If the condition is progressive there will be, possibly, an extensive destruction of tissue with in some cases, considerable deterioration of the general health from the absorption of the poisonous matter produced by the suppuration. Otherwise the condition is more of an annoyance than a danger."

There is a greater danger than that from the progressive destruction of the parts, or from septic intoxication alone. It is a real live danger which may accompany either the progressive or non-progressive fistula, and which though rarely if ever mentioned in this connection, may so imperil a patient's life that it is the duty of the medical advisor to urge; yes, even insist or demand, that the sufferer from fistula submit to a radical cure.

This danger spoken of in the preceding paragraph is that of amyloid degeneration of the vital organs of the body, a condition liable to occur within a very few months, if a chronic suppurating condition be allowed to exist in the body, and almost certainly the ultimate ending of years of suppuration. Two or four months may establish the process. It is true that it is usually longer, but still you can feel no security, and in fact the knowledge that usually a year or possibly several elapse before the initiation of such a process, merely permits of a

dangerous procrastination, during which time the patient is put to trouble and expense, and is rendered unhappy by the presence of the condition.

While the exact method of formation or deposition of amyloid material is yet unknown to the pathologist, nevertheless, beyond a doubt the accession of this condition seriously imperils the life of the sufferer. It is unnecessary for me to discuss in this paper the process in detail. It is sufficient to say that it involves the most important organs and tissues of the body, kidneys, liver, spleen and arteries most commonly, other parts less frequently. It produces an atrophy of the parenchyma, that is, the functionating parts, of such organs as the kidneys, liver and spleen.

Where drainage of septic matter is imperfect, this amyloid degeneration is even more likely to occur, and a fistula nearly always drains imperfectly. To the uninitiated who has not observed these conditions this might excite question, for he would say, if it is a complete fistula there is an opening at each end and usually one of them will be at a dependent point. This is quite true, but it is to be remembered that in all healing processes that of the skin is most active, and this is true in this region. There is always an attempt being made for the fistula to close at the opening in the skin. This, if it is not accomplished completely, occurs to such an extent that the orifice of the fistula upon the skin is the smallest portion of the tract, and in consequence the pus formed is pent up to no little degree in many cases. It is unfortunate in several ways, as it tends to promote the extension of the process as well as facilitates the absorption of toxic material.

Now, in considering this contracted orifice, my readers will be led to suppose that if the opening of the fistula be enlarged by a slight incision that this difficulty will be overcome, but in this they will be doomed to disappointment, for here, if here only, the fistula heals rapidly and the old condition is soon re-established. The same may be said in respect to dilatation of the orifice of the stricture; it will be but a temporary dilatation, the tissues rapidly reassuming their old condition. This latter statement is, I am willing to admit, based upon but few observations. In several instances I tried the effect of both methods of enlarging the opening of the fistula, and finding it an expedient not promising any returns in the way of permanent improvement, I have not subsequently taken the trouble to merely direct treatment toward the orifice of the fistula.

Consulting various treatises, the use of a perforated ivory collar button is mentioned to maintain drainage, the writers saying "such a button will remain indefinitely when inserted into the external opening of the fistula." This is true, and unfortunately the drainage is also indefinite, no cure being secured.

Abscess almost without exception marks the preliminary step in the formation of a fistula. Cripps says, "Abscess is almost always the cause," while Mathews declares that he has "never seen a fistula due to any other cause," and that he believes "it always precedes the fistula." Both writers are, we might say, slightly in error. Cases are extremely rare where a fistula is not preceded by an abscess, yet such cases do occur.

The marginal abscess, the simplest form, begins as an inflammation of one of the follicles, which are found around the rectum. It has been compared to the sty which involves the eyelid, and might also as correctly be compared to a boil or furuncle. The course of the pus in pointing differs here from that taken in other parts.

As it extends up under the mucosa of the bowel it finds this to be less resisting than the tissues about the blocked orifice, in many cases, and in consequence it often ruptures through the mucosa. When this occurs particles of fecal matter gain entrance and cause the persistance of the cavity, and finally, the orifice of the follicle reopening, a small fistula is established.

Another form of abscess which results in small fistulæ is that which gets its start in the tissues of an external hemorrhoid. Here the suppuration is liable to be a little greater than in the follicular inflammation and there is more of a tendency for the pus to burrow, so that many fistulæ of considerable size can be traced to such origin.

The occurrence of a mere prick of the mucosa of the bowel by either a fragment of bone or a foreign body, will result in suppuration and the formation of abscesses of various size within the gut. These result in blind internal fistulæ in most instances, unless the infection extend to the ischio-rectal fossa, or the pelvi rectal space. In either case, neglected, a fistula may follow, which is extensive, and will demand an operation of considerable magnitude. Suppuration of an internal hemorrhoid in a few cases is credited as being the cause of internal fistulæ.

The involvement of the parts by tuberculosis will result in the formation of the so-called cold abscesses, and finally fistulæ. The symptoms and entire course usually widely differ from that ordinarily met with in other abscesses.

The ischio-rectal space which was mentioned in a preceding paragraph is a frequent seat of abscess, many of which are large. Where this condition occurs it is easy to trace back the cause to various things which have occurred shortly preceding the affection, and to which the condition might be attributed. Trauma, sitting on cold stones, sudden cooling, especially when the parts are in a sweaty condition, and many others have been enumerated as exciting this condition. It is to be remembered, that in all, the way has merely been prepared by such cause, and outside the first but little influence in this respect is so exercised. The condition is always due to the proliferation of pathogenic organisms, and other causes act only by reducing the vital resistance of the parts.

(to be continued.)

SPLANCHNOPTOSIS AND ITS TREATMENT.

By Byron Robinson, B. S., M. D., Chicago.

A general disease requires general treatment. Multiple therapeutic agents indicate many views. I wish to present a series of methods by which I have for years relieved splanchnoptotic patients. However, for the past three-quarters of a year Dr. Lucy Waite and the writer have employed Heidenhaire's method of over lapping the abdominal wall like a double breasted coat with such satisfactory results that a report is offered.

The three great factors in splanchnoptosis are: 1—Relaxed abdominal walls from elongation and separation of the muscular, elastic and fascial fibers. 2—Distalward movement of viscera from elongation of neuro-vascular visceral pedicles (mesenteries). Mesenteries are not to serve as mechanical supports. 3—Gastro-duodenal dilatation from compression of the transverse segment of the duodenum by the superior mesenteric artery, vein and nerve.

The methods of treatment that I have employed during the last ten years are: A. Drainage, especially with half normal salt solution, 4 pints

daily, 8 ounces every 2 hours. B. Abdominal supporters, especially with the author's pneumatic rubber pad placed inside an abdominal binder. C. For seven years I employed the method of uniting the musculi recti abdominales in a common sheath. D. Gastro-jejunostomy, when gastro-duodenal dilatation existed, since 1895. E. During 1902 I have employed the method of overlapping the abdominal wall with remarkable success.

TREATMENT OF RELAXED ABDOMINAL WALLS AND CONSEQUENT SPLANCHNOPTOSIS, WITH GASTRO-DUODENAL DILATATION.

Since the primary factor in splanchnoptosis is loss of elasticity of skin and peritoneum, and loss of muscular contractility of the abdominal walls, the object of the treatment is the restoration of the strength, firmness and elasticity of the abdominal walls. Unfortunately for therapeutics the restoring of elasticity to the structures is difficult. The following methods have proven practical in the treatment of splanchnoptosis in the various stages, viz.: (a) Relaxation of abdominal walls; (b) splanchnoptosis, and (c) gastro-duodenal dilatation from pressure of the superior mesenteric artery, vein and nerve on the transverse segment of the duodenum. The duodenum is compressed in splanchnoptosis because the fixation apparatus of the duodenum will not allow it to pass distalward.

A. DRAINAGE (HYDROTHERAPY).

The most important treatment for splanchnoptosis from first to last is regular and ample drainage. The sovereign drainage fluid, a half-normal salt solution (ʒi NaCl to the quart), 8 ounces of which should be drank every two hours for 6 to 8 times a day. I add to each glass full of half-normal salt solution (better hot) one tablet containing Socatrine aloes gr. $\frac{1}{3}$, $NaHCO_3$ gr. 1, $KHCO_3$ gr. $\frac{1}{8}$, fld. ext. cascara sagrad. gr. $\frac{1}{40}$.

After 4 to 6 weeks' use, the tablet is omitted, the 3 to 4 pints half-normal salt solution, with established habits, is sufficient to insure daily drainage, bowel evacuation and renal and cutaneous secretion. The half-normal salt solution, aided by the tablet, not only drains the tractus intestinalis, the tractus urinarius and tractus cutis, but thoroughly washes the internal tissues of the body, leaving thsm in an aseptic condition. The patient suffers chiefly from non-drainage and from deficient and disproportionate secretion, with consequent fermentation and meteorism. Constipation is the fate of splanchnoptotic from lack of expulsion power. Such a patient requires continual drainage, hydrotherapy. The dyspepsia frequently accompanying splanchnoptosis is mainly owing to non-drainage of stagnant contents in the digestive tract. The more the subject is drained the less waste-laden blood with mental and physical depression, the less metorism and intra abdominal pressure.

B. ABDOMINAL SUPPORTERS.

Much utility and comfort arises from the use of properly fitting abdominal supporters. The kinds we have used are (1) non-elastic, (2) elastic, and (3) the author's rubber air pad placed inside of an elastic or non-elastic abdominal binder. The objection against the use of an abdominal binder in splanchnoptosis because it does not teach the muscles self-strength, is as worthless as the objection against the use of a splint in fractures. The fact to remember is that the abdominal muscles are stretched beyond self or independent help. Abdominal supporters do not cure, but properly fitting ones help the patient to comfort and usefulness.

FIG. 1.

FIG. 1. (Author.)—Profile view of a multipara splanchnoptotic, showing relaxed abdominal walls.

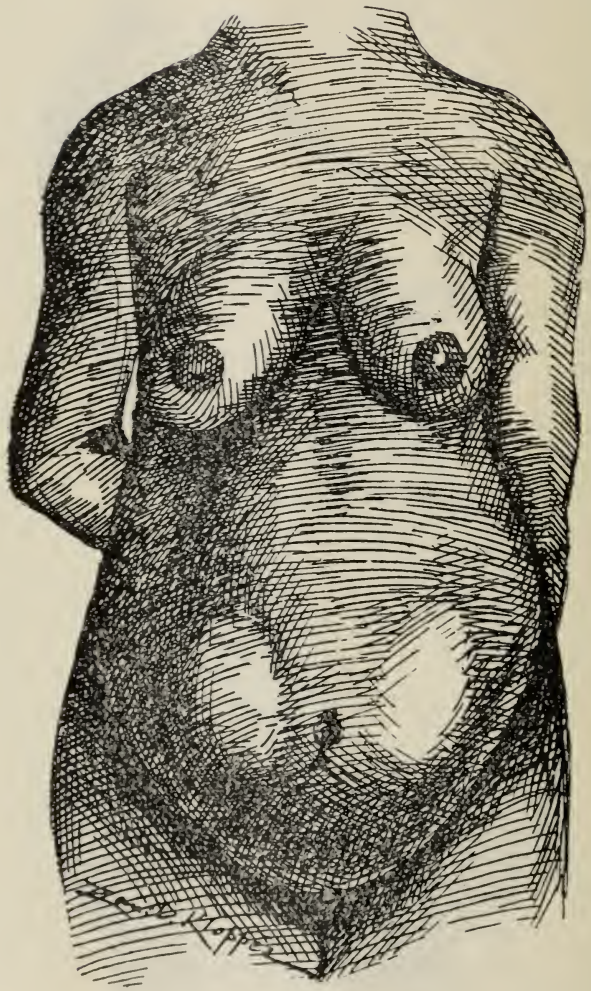

FIG. 2.

FIG. 2. (Author.)—Ventral view of a multipara splanchnoptotic, presenting relaxed abdominal walls.

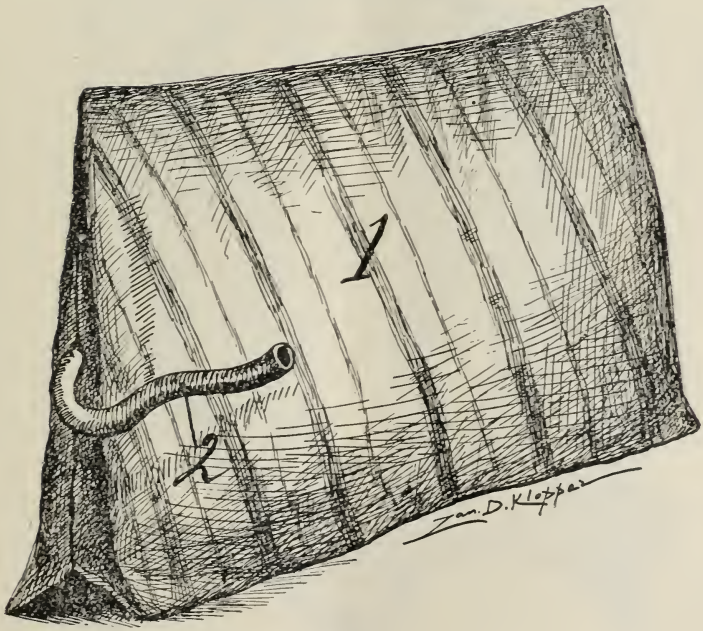

FIG. 3.

FIG. 3. Author's rubber air pad for splanchnoptosis half distended. It is to be placed inside an abdominal supporter. 1, side of rubber pad; 2, the rubber tube through which the rubber pad can be distended with air. (This rubber air pad is manufactured by John Drake & Co., of Chicago.)

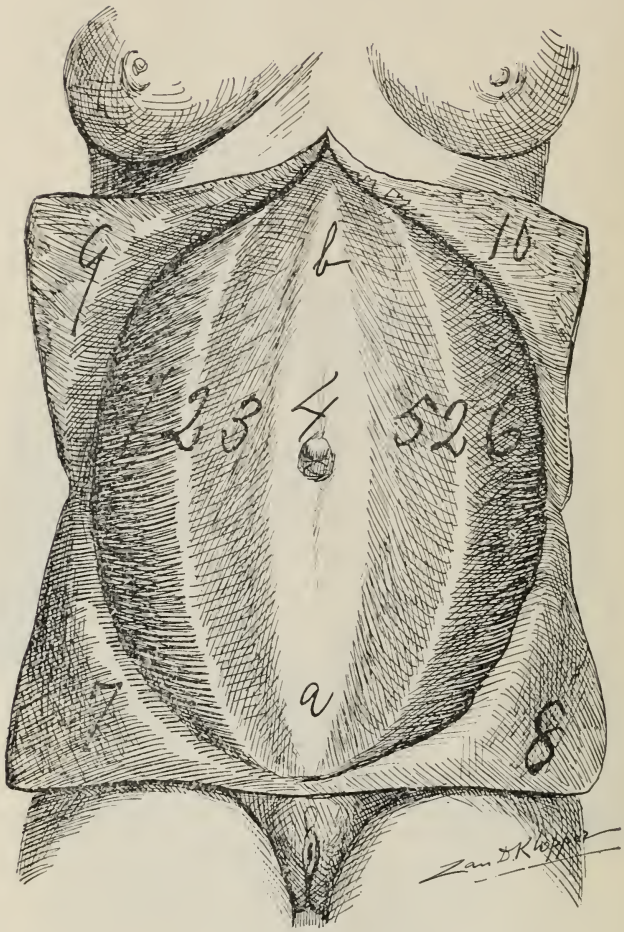

FIG. 4.

FIG. 4. Splanchnoptosis in which the fascial and muscular fibres of the abdominal wall have separated and elongated. a, the fascia at the linea alba (4, a-b and 1), semilunares (2-2) has yielded by separation and elongation of its fibres; b, all the muscles of the abdominal wall have yielded by separation and elongation of their muscular fibres; c, the musculi recti abdominalis (3-5) have yielded by diastasis. The chief fascial separation and elongation is at the linea alba (4), since the mesenteries, i. e., the neuro-vascular visceralpedicles are not for mechanical support the viscera follow the yielding abdominal wall. Separation and elongation of the fascial and muscular fibres induces visceral ptosis (deragement in circulation, assimilation, secretion and sensation) and pain from trauma on the periphery of the nerves inducing neurosis.

It is not sufficient to recommend a binder. The physician should examine it to be sure that it fits properly both for the grade of splanchnoptosis and for the avocation of the patient. The difficulty of fitting a proper support is due to the varying position of the patient—walking, sitting or lying. The author has invented a rubber air pad which has the shape of an axe. This is placed inside of the binder and subsequently filled with air to the desired size. The rubber air pad insures a fitting of the abdomen like a water bed, whether spare or fleshy, and also the size may be adjusted to the comfort of the patient. The binders are useful in moderate nephroptosis, which is the easiest of all splanchnoptosis to aid, but when it has become advanced binders are not only of little value but frequently harmful. In severe or distinctly diagnosable hepatoptosis I have seen none or little utility in binders. All tight waist bands should be removed and clothing should be suspended from the shoulders or from hooks on a corset waist. If one experiments on a dead body with a tight-fitting corset, the organ which will suffer the widest displacement will be the right kidney. All tight corsets should be abandoned, but a so-called waist corset is useful to adjust and from which to suspend the clothing.

Since binder is to restore elongated and separated fascial and muscular fibres of the abdominal walls, it must fit snugly, especially the distal abdomen. Two rubber tubes must be employed passing between the limbs to fix the binder so that it will not slip proximally. The binder generally only forces posteriorally and proximally the abdominal wall, but the addition of the author's rubber pad adds to this the forcing of the viscera proximalward by acting like a pregnant uterus which lifts the viscera toward the thoracic diaphragm. If the splanchnoptosis is not too far advanced, the rubber visceral air pad being adjusted and blown up while the patient lies on the back, will prevent the viscera gaining the lesser pelvis—the dangerous ground for stenosis of ducts, vessels and viscera, and traumatizing nerve periphery. The binder should be removed or loosened for the night's rest.

HORIZONTAL POSITION.

A dominant factor in splanchnoptosis is venous congestion during erect attitude, hence the patient should assume especially the horizontal position. When a patient with established splanchnoptosis assumes the erect attitude, the viscera in general pass distalward, the veins immediately enlarge, the abdominal wall is put on a stretch, and it projects or bulges over the symphysis pubis sufficient to hide the genitals from view. The patient in the erect attitude assumes a position of lordosis as in advanced pregnancy, in order to secure a compensation balance.

In the horizontal position the patient with splanchnoptosis should lie on the side and not on the back. All patients with established splanchnoptosis suffer from gastro-duodenal dilatation, due to pressure on the superior mesenteric artery, vein and nerve on the transverse segment of the duodenum. I experimented with dead subjects who had been afflicted with splanchnoptosis, and when such subjects were placed on the back, the viscera, especially the enteronic loops, passed distinctly more and more into the lesser pelvis, dragging and tugging on the superior mesenteric artery, vein and nerve, which compressed more and more the transverse segment of the duodenum. When the subject of splanchnoptosis lies on the back, the enteronic loops glide into the lesser pelvis, which makes the superior mesenteric artery, vein and nerve approach

closer and closer to the vertebral column and thus lessen the superior mesenteric vertebral angle.

I have personally observed splanchnoptosis and gastro-duodenal dilatation progress until the stomach filled the abdomen like an ovarian cyst. The more acute the superior mesenterico-vertebral angle, the more the transverse duodenal segment is compressed. If the subject lies on the side the (superior) mesenterico-vertebral angle is made larger releasing the transverse duodenum from compression. Pregnancy increases the (superior) mesenterico-vertebral angle, forcing proximalward the enteronic loops and thus releasing the transverse duodenum from pressure. A great benefit in the wearing of an abdominal binder is to increase the (superior) mesenterico-vertebral angle, releasing the duodenum from compression and preventing further gastro-duodenal dilatation. Lying on the abdominal surface of the body, with a pillow under the thorax, the symphysis pubis would have the ideal position to make the largest (superior) mesenterico-vertebral angle (as it exists in quadrupeds). Hence the splanchnoptotic should lie in the horizontal lateral position as much as is convenient, to increase the (superior) mesenterico-vertebral angle to avoid venous congestion and to prevent the viscera from passing distalward, producing stenosis and kinking of the lumen of the vessels, ducts and viscera. Lying on the back, or standing, increases the compression of the duodenum by the mesenteric vessels and nerve.

(to be continued.)

Put some boracic acid and acetanilid in a cut, apply a bit of absorbant cotton wet in bovinine over the cut and let the end of the finger lay loosely in the powder.—Dr. C. E. Boynton, Los Banos, Cal.

GASTRIC ULCER.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

Mr. A. had been given up to die. For years he had suffered with ulceration of the stomach. The other day I was called to see him. He had been steadily losing flesh and was now a mere skeleton with a little skin stretched over. He had been thoroughly educated in the use of the stomach pump and had received much scientific treatment. It was no trick at all for him to fill his stomach with two quarts of water and pump it out clear with that stomach pump. Drugs "dear bought and far fetched" he had used until it looked to me that my limited sage-brush acquirements were nowhere in his case. Expert diagnosticians had declared there was no cancer and no lump or tenderness or marked pain could be referred to the gastric region. There was emaciation but not cachexia. The man was about fifty years of age, full of grit, but remarked off-hand to me that he thought his jig was about up. I learned all I could and said as little as possible. I saw that the man was starving so I told him to anchor one of his best cows under the window, get his hired man to pump that cow every two hours and pass the milk to him through the window so it would have no chance to cool. Thus from that on my patient drank milk two minutes old every two hours and lots of it all day long. I also directed ʒi to ʒij of sodium phosphate t. i. d. to balance constipation. In a week my patient would get up; he had been increasing in weight at the rate of two pounds a day, and now after twenty days is quite able bodied. Being a very energetic man his chief trouble now is as to that cow. With great seriousness he asked me the other day: "Doctor, I have had this trouble for six

years but now I am all right. When can I graduate from milk diet?" "Never," was my reply. "Let well enough alone." So he went away with four pounds of sodium phosphate under his arm and wondering how he could enjoy life perpetually in such close relationship with the cow.

It has been my good fortune to make about $15 out of this patient, whereas the scientific treatment that he has been buying the last six years from city doctors has managed to consume about $1,000 per year. The man for years has not spent his interest money and it is a terrible pity that for a measly little $15 I have deprived my educated brothers of the city of so much scientifically earned money.

NUCLEIN.*

By Clayton F. Camp, M. D., Barre, Vermont.

In asking your attention for the consideration of a medicinal agent as old as nuclein, my only excuse can be that its value has only recently been established, and then only in thinly scattered places. Its history dates back more than sixty years. Braconnot gave historical studies in 1831, Schlossberger in 1834, and so along down the middle of the century, when in 1893 Vaughan of America, Althaus of England, and Germain See of France wrote their studies on nucleins. Doubtless much attention was diverted from the further study of nucleins and their use by physicians in general by some money-making schemes that were started along in this decade in the interest of other organic extracts—elixir of life, glandular fluids—all of which, to say the least, smacked of quackery to the physician in the distance, and I believe nearly all have passed on to their resting place on the top shelf.

*Read before the Washington County (Vermont) Medical Society, July 1, 1902.

In this connection I am not classing the more stable laboratory products like thyroid, thymus, and suprarenal extracts, which are serving us well and could not be conveniently spared.

Source and preparation, according to Dr. John Aulde, of Philadelphia:

Nuclein is derived from many sources. It exists in the animal organism in the blood, spleen, testicles, bone-marrow, brain substance, thyroid, and thymus glands. Scientifically it is described as a phosphorized proteid, the phosphorus existing in the form of nucleinic acid, combined with a complex basic substance. This basic substance yields as decomposition products one or more of the so-called xanthine bodies—adenin, sarkin, and xanthin. The available sources are yolks of eggs, yeast cells, bone-marrow, thyroid, and thymus glands. In the blood, however, it is manufactured more or less constantly by certain leucocytes, the multinuclear white blood-corpuscles, and then distributed throughout the tissues by means of the lymph and blood systems.

In mentioning the physiological actions of any drug it is hardly sufficient today to say it stimulates or acts as a sedative, unless some explanatory mode can be given of such sedation or stimulation. To illustrate: Certain poisonous material when it enters the system produces stimulation of the protoplasm through the irritation set up, and if long continued, the irritability is exhausted and sedation follows, but nature's laboratory is so well adapted to the production of all defensive materials necessary that at this time a protoplasmic stimulant is produced possessing all the properties of an antiseptic that is non-irritating, and by improper or inefficient metabolism we get defective leucocytosis and nuclein product is wanting, and here artificially prepared nuclein can be introduced.

Nuclein is one, if not the principal, of the "defensive proteids" known to

modern physiologists, and according to Aulde, has already accomplished far more than was expected of it, and it is believed that further study of its clinical adaptability must lead eventually to scientific deductions of rare significance with permanent advantage to humanity. Already its demonstrated curative action upon septic conditions confirms the claims that it acts directly in the restoration of disturbed and morbid cell function, thereby increasing resistance to disease processes.

As a non-toxic antiseptic and artificial substitute for nature's product, it restores and maintains a normal equilibrium in assimilation. Finally, it should be said, through its stimulating effects it makes cells work.

In concluding these remarks, it will be proper to offer a few suggestions in relation to the employment of nuclein in the treatment of throat affections, bronchial and cutaneous disorders, together with digestive disturbances, pulmonary congestions, pneumonia, etc. Were I to be deprived of all remedies save one for the treatment of pneumonia, I should, with my present light say, leave me nuclein. I have one case in mind.

Mrs. H., aged 54 years, was taken with pneumonia at about 7 a. m. Saw her at 9 a. m., temperature 104, with all premonitory symptoms of very severe type. Prescribed the ordinary drugs and left her. At 11 a. m. she was taken with a sinking spell. Two physicians were called in during my absence, who concurred in my diagnosis, and administered restoratives, and were leaving as I came in, with a prognosis of death within twelve hours, as she was then expectorating prune-juice colored sputum. Her temperature was sub-normal, pulse very weak. I at once ordered nuclein solution (Aulde), this being my first case of pneumonia in which the remedy was used.

At 6 p. m. temperature 102, pulse 90, patient resting quietly. I did not, however, change the prognosis of my colleagues. In addition to the nuclein I gave strychnine nitrate $\frac{1}{50}$ gr., strophanthus compound tablet (Frazer), and ammonium carbonate.

Morning of second day, temperature 101.4, pulse 90, still expectorating a frothy, dark-colored sputum. On the third day, temperature, pulse, and other symptoms same; treatment continued.

Fourth day, temperature and pulse lower, sputum less and of better color, breathing easier; treatment continued.

Fifth day, condition about the same; patient comfortable and treatment continued.

Sixth day, patient better, all symptoms lessened in severity, and so on to recovery.

The patient did not have a return of any symptom that would cause worry. This patient had for two years previous to this pneumonia had a cough that caused her physicians to fear phthisis, yet her recovery left her in a better state of health than she had experienced for years. This is of course an extreme case, which doubtless could not be duplicated once in a hundred times, and yet I am firmly of the opinion that nuclein was the one potent remedy in securing a favorable termination.

Fourteen other cases of pneumonia of various types have been treated by the writer with no fatalities, which of course is insufficient to base a definite estimate upon any new method of treatment; nevertheless, taken in connection with the records of other writers, they supply additional proofs of the efficacy of the nuclein theory of treatment. More stress, however, can be laid upon its therapeutic virtues in typhoid fever, even than in pulmonary complaints; yet time only allows me to hint at its application in this direction in the most general manner, and in passing let me say, it is not only

every physician's privilege, but duty, in the coming autumn battle with this most prevalent disease (unless it perchance may be summer diarrhoea of children) to test it virtues.

Perhaps no disease, at least none in mind, makes such terrible onslaught in cell destruction as the latter, summer diarrhoea or cholera infantum, and none which at times finds us so entirely at its mercy, so utterly helpless to cope with its venom. Who of us has not almost in a day seen one of its victims, from the full vigor of health, fade to that peculiar cadavarous looking frame upon the countenance of which is so plainly written—death? If the physician ever prayed for something to overcome mal-assimilation, something to maintain nature's equilibrium, of a non-toxic, antiseptic nature, it was then. Nuclein treatment which, by its modus operandi, can with safety be introduced at any stage of disease, even though collapse has taken place, used hypodermically (which, however, is in any event the best way to administer it when not given at too short intervals), it responds very quickly and satisfactorily.

Care should be taken in cerebral congestions, as by its rapid stimulation large dosage might cause engorgement and pain, with insomnia. I will not mention the long list of other cases in which it is just as applicable, since after calling your attention to its general action it would only be an insult to specialize. If I have called it sufficiently to your attention to induce you to give it a trial, I shall have rendered you a service which is my only excuse for presenting this paper this afternoon.

Where using oil of wintergreen internally procure a colorless oil of high grade. An inferior article always causes trouble.—Dr. C. E. Boynton, Los Banos, Cal.

HINTS.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

In haemorrhage I induce my patient to eat all the calcium hypophosphite the stomach will allow.

When our patient fails to get nourishment out of any form of food give him milk fresh from the cow and saline laxative. Do not let the milk be over five minutes old.

For haemorrhage, purpura, hyperlactation and debility I prescribe calcium hypophosphite pure to be taken t. i. d. about 10 grains on the end of a teaspoon handle.

A patient of mine with Hotchkins' disease is enjoying good appetite because I have advised him to keep at work in the open air. Under previous idle house treatment he grew worse.

I am stoutly opposed to the use of tobacco, coffee and alcoholics under all and any circumstances, yet for a physician to preach against their use is an unprofitable and thankless task.

In the treatment of fevers in children a soap and water injection is a good beginning. If omitted we are apt to get a second summons in a few hours, when an injection often makes a favorable transformation.

When asked if wine or beer will be good for my patient I always consider the fact that restraint to one with established habit may be depressing, and yet I have never advised a drop of liquor in ten years of practice.

Some doctors persist in putting thermometers in the hands of fami ies and patients because of which they get less· practice, and the families, with the aid of a doctor book, treat themselves until the undertaker gets them.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

BERBERINE.

Hydrastis canadensis contains two alkaloids much used by dosimetric practitioners—berberine and hydrastine. Berberine is the yellow alkaloid of golden seal and is found in varying quantities in the root. It is also found in a number of other plants. As the alkaloid is sparingly soluble in water the berberine sulphate is generally used, as it is more soluble. Dr. J. M. French has an article on alkaloids of hydrastis, in Merck's Archives, from which we present the following:

As a simple bitter tonic, in indigestion and loss of appetite, berberine acts similarly to hydrastis, the crude drug or hydrastin, the concentration; being in fact, the bitter principle of the drug, upon which these actions probably depend. The same is probably true with regard to its action in the various catarrhal conditions of mucous membranes—though as this is denied by some, it must be considered as still sub judice.

It is indicated in intestinal diseases in which there is a lack of tonicity, with either constipation or diarrhea.

Berberine exercises a direct influence over the hepatic cells, and hence is of special value in chronic derangement of the liver.

In menorrhagia and other forms of uterine hemorrhage, it is of some value, but as it acts wholly or mainly by contracting the uterine tissue, and not upon the arterioles directly, it is of less value than hydrastine, which acts upon the vascular system rather than upon connective tissue. In subinvolution and fibroid tumors of the uterus these properties render it of especial value, and careful observers have found its use to be followed by restoration of the uterus to its normal condition in the one case, and a decided lessening in size of the tumor in the other. To produce the best results in these cases, it should be injected in the vicinity of the diseased tissue.

In malaria, especially in those chronic forms which are attended with enlargements of the spleen, berberine is of especial and unique value, since it has, according to Typaldo Lascarato, the remarkable action of contracting the splenic pulp. In this way the parenchyma of this organ is rapidly reduced, and the malarial organisms are forced into the general circulation, where they are readily killed. He employes it in doses of from ½ to 5 grains daily, according to the age of the patient. In Greece and Italy it is said to be extensively employed combined with quinine, according to the following formula:

℞ Berberine hydrochlorate, gr. xv
Quinine bisulphate, gr. vij

Sig. Put in four capsules, one to be taken every hour or half hour for an adult.

This combination is one of the greatest value in malaria with enlarged spleen.

The dose of berberine varies according to the purpose for which it is given, the frequency of its repetition, the mode of administration and the age of the patient. The dosimetric physicians administer it for its tonic and anticatarrhal properties, in doses varying from $\frac{1}{67}$ to $\frac{1}{6}$ grain every waking hour.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

A LESSON FROM VIRCHOW'S CAREER.

There is one phase in the life work of the late Prof. Rudolph Virchow, which deserves special attention and imitation on the part of American physicians. It is his devotion to the duties of citizenship, his active participation in the politics of his country. For 42 years a member of the city council of Berlin, the same length of time a deputy in the Prussian chamber, for many years during the same period a member of the reichstag. What a record for the man, who found time for such public service, while accomplishing the greatest eminence as a scientist! Virchow's influence in shaping the political development of Germany was far reaching. He stood unflinchingly for liberal growth in every direction. During the period of the conflict between parliament and crown of Prussia, 1860 to 1866, he was one of the leaders of the fearless opposition, his numerous speeches, brilliant, logical, unanswerable, drew upon him the hatred of Bismarck, but gained him the admiration and love of the common people, from whom he sprang and whose rights he always defended. Why does not the American physician follow such an example and take a greater part in the political life of the nation? We have reached a stage where the difference between the parties is not any longer merely that 'twixt tweedledee and tweedledum. Questions of vital importance are before us and it is the sacred duty of every citizen to help to solve them. There is no class of men of higher average intelligence and better judgment, but none which enters less into public life, than the physicians of the country. That is wrong, almost a crime. Virchow's example shows that political activity is not incompatible with professional work of the highest order.

A SIMPLE SURGICAL DRESSING.

Much pain and worry to the patient and corresponding annoyance to the surgeon is caused by the adherence of gauze dressings to the surface of a wound. The trouble may be prevented by the use of paraffin, as recommended in a recent number of the Centralbl. f. Chir. The paraffin is sterilized by being boiled in water for about ten minutes, then set into a pan of cold water to cool. It spreads itself out in a thin layer on the surface of the water, can be lifted up by forceps in the form of a thin sheet, trimmed to proper size and shape, perforated by a hot needle and then placed on the wound. Thus it forms a perfect shield, can easily be taken up, cleaned and replaced and allows no irritating matter to enter the wound. As the material is cheap and the mode of application simple, a trial can readily be given.

The subcutaneous injection of a mixture of paraffin and vaseline for the correction of various cosmetic defects is a fairly well established measure. In a case reported by Hospit. Tidende, of Christiana, it was used to furnish new testicles to a young man, who in a fit of mental aberration had performed self castration. The result was not only satisfactory, but startling, for some time later the young man turned up in court as the defendant in a suit for bastardy.

MEDICINE AND STATE SOCIALISM.

According to the Gazette Medic. de Paris, Dutch physicians are at work on the elaboration of a novel scheme. The proposition is no less than a plan to make physicians employees of the state on a fixed salary and thus free them from the worry of earning a living by collections. A fund is to be created for the purpose by levying a tax of from one to two per cent. on all incomes upwards of 500 florins, about $250, per annum. In return the state physicians would have to render gratuitous medical services to everybody. The financial burden would fall only on those able to bear it. There would be one physician to every 2,000 persons, 2,500 for the whole kingdom of Holland. The French Journal, in reporting the plan, adds that really there seems to be no other way of getting over the crisis which paralyzes medical practice in their own land. While there is no likelihood of such a scheme being realized, it is significant as showing the extent to which socialistic ideas are beginning to permeate all classes of society.

MAN'S PLACE IN THE ANIMAL KINGDOM.

Huxley's dictum that there is less morphological difference between man the gorilla than between the gorilla and the lowest ape, has been corroborated by a new line of investigation. In a dissertation submitted to the Prussian Academy of Sciences, Dr. H. Friedenthal tells of experiments made with bloodserum. If a rabbit is injected with the bloodserum of one of the lower apes, then serum of such a rabbit, if brought into contact with blood of a lower ape, causes coagulation to take place. That is a well known test. But the serum of rabbits treated with the blood of man or an anthropoid ape will not cause coagulation of the blood of a lower ape. The conclusion must be drawn from this the man and the anthropoid apes belong to the same zoological family, distinct in descent from the other, the kynomorphous apes.

FURTHER EXPERIENCE WITH X-RAYS.

With improved apparatus and better knowledge has come great extension of the applicability and usefulness of the X-rays. They are beginning to prove a valuable aid in the diagnosis of disease of the chest, particularly in the early recognition of pulmonary tuberculosis and the localization of isolated foci in the lungs. The writer has cognizance of a number of such cases, in which, while tubercular infection was suspected, it could not be demonstrated by any other diagnostic means. X-ray examination, however, revealed distinct areas of pulmonary infiltration which could only be interpreted as tubercular. The correctness of the diagnosis thus made was proven in every case by later development. Therapeutically the X-ray treatment continues to give good results in epithelioma, lupus and other superficial malignant disease, 62.5 per cent. of cures being reported. (Amer. Med., Aug. 9). In carcinoma no appreciable effect has as yet been produced beyond relief from pain. But Dr. Wm. B. Coley publishes in Amer. Med., Aug. 16, a remarkable account of fourteen cases of sarcoma treated with the X-rays. Most of them had previously been treated with Dr. Coley's noted "mixed toxins." Four of them are reported cured, four greatly improved, two doubtful, still under treatment; four not benefited.

Dr. Coley feels warranted by the results to say that the Roentgen ray has a remarkable inhibitory action upon malignant growths, especially sarcoma, and expresses the hope that with improved apparatus and greater skill in its use it may be found beneficial, even in deep-seated tumors in the abdomen and pelvis.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

DOSAGE.

Dr. Fair in October Recorder speaks of Dr. Thomason's treatment for convulsions on the score of dosage to be out of reason. Let us see. Suppose the 15 months baby weighs 20 lbs. and we dose per weight, the child will stand one-eighth the adult dose; thus, $\frac{1}{32}$ grain of morphine is reasonable, so is ½ m. of Norwood's verat. vir. and 30 grains of bromides. As for ½ grain of calomel, that is a mere trifle, as a year-old child in convulsions will always safely take 2 grains of calomel, backed by 2 drachms of castor oil. Some months ago the writer was called to a child two months old that weighed six pounds and was in frightful convulsions. This is the treatment: Enemas every half hour of glycerine, soda, soap and water (the abdomen was hard with feces); calomel, grains 1½; castor oil, ℥iij; atropia, $\frac{1}{250}$ grain, within four hours; chloral, ½ grain ever half hour. In four hours we used about ℥ij of chloroform, after which the bowels moved and the child recovered. I have seen these waiting doctors; the physiognomy of consternation is vivid in their faces; they are afraid of medicines.

As a rule I would not use morphine in convulsions, but would come down heavy with atropia or hyoscyamine, if there is bowel obstruction. The hot bath is also a good thing; it serves to keep the family employed. Nearly all physicians, in the treatment of infants, lean on the side of small dosage. There are times when, if anything is to be done with medicine, heroic dosage must be given. Anything but a slow, careful, drug-fearing and doubting doctor in convulsions. Better far, in these cases, croton oil than hesitation.

Dr. Fair asks which of the eight given remedies was indicated. Indicated? Indicated? Remedies? What are remedies?

A gut is plugged with most every old thing. The gut wants grease to let it slide, and if we can soften the mass, out she goes. Perhaps massage and enemas can do the job. If we can abate spasm a little while the danger may pass. Each way of doing it suggests a dozen tools or drugs, and there may be several ways. The one-remedy man must be brother to the "cure-all" man, and the man of one idea, the monomaniac, etc. Who ever heard of storming a fort with only one kind of firearms? When there is a job to be done with medicine, give us a variety of ammunition and a cartload of tools from which to choose; then let us get in and dig. Occasionally a case will die, and then the man of one idea—the cure-all man—will make a solemn impression at the funeral. There may be a whole lot of condensed wisdom in this august search for the one and only indicated remedy, and if the child dies while the doctor is hunting for it, the doctor feels that he is going about his work "scientifically." In looking over certain advertising columns we see several wise-looking and swallow-tailed doctors soberly looking at some bottle conspicuously labeled. How scientific! Then a broad-clothed "chemist" looks at something in a test tube and a dozen M. D.'s look on gravely. Indicated remedies! Wonderful medicines! Learned gentlemen! Probably they direct "the nurse" to clean out

the bowels with an enema; the job gets half done and the kid dies. Possibly if one finger had been thrust down the child's throat until emesis and the other finger the other way until results all would have been well, but think of the elegant, highly scientific, swallow-tailed doctor doing it that way.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

GOUT.

Gout is not considered hereditary or transmissable; males are more susceptible to it than females. It is more prevalent in damp and humid temperatures. The afflicted are more liable to recurrence after every attack. Alcoholic beverages, full habits, tobacco and late wine suppers are provoking causes, and conducive to derangements of eliminating organs. A rheumatic diathesis also has its say in the matter. Urates and lime are always present, and are direct causes of attack. Grief of long duration, and shock, are responsible also. It is considered a nervous complaint, and on account of improper nourishment from lack of blood supply, affects the extremities, usually the big toe. However, this cause is of minor importance. Arterio-selerosis, ankylosis, and apoplexy are more or less attributable to the presence in the blood of urates and lime, which the kidneys fail to eliminate.

High temperature, cramps, palpitation, highly colored and scanty urine are indications of attacks. Spring and fall are the periods most common for primary attacks or return of former ones. Every succeeding attack is liable to be more severe than former ones. Renal complications are the serious symptoms. Patients may have comatose attacks, from which it is at times difficult to arouse them, and so result in heart failure in toto.

Treatment should be directed to the different eliminating organs of the offending chemical constituents in the blood already mentioned. Restricted diet, very little, if any, nitrogenous food, no pastries, and anything rich in sugars should be prohibited. Alcoholics must of course be positively cut off, so also tobacco. Good, wholesome food, fruit juices, fresh milk, malted milk, milkine, or any of the others; Reed & Carnrick's soluble food as good as any, baked apples, prunes, etc , are proper diets.

At beginning give four or five doses of 5 grs. each of quinine, dissolved in ½ glass hot water and 30 grs. of citric acid, say at about four hours intervals, after which the following:

℞ Fl. ex. stigmata madis
Fl. ex. eupatorium
Fl. ex. phytolacca decan.
Fl. ex. scutellaria
Fl. ex. taraxacum, aa ʒiss
Potassium iodide
Chloral hydrate, aa ʒij
M. et ft. sol. et sig. Teaspoonful every 4 hours in a little water.

Let patient drink as much lithia water—or still better, Dr. Abbott's sal-lithia according to directions—as he can stand. It is desirable to keep the toe or whole foot wrapped in hot cloths for a day or two.

Have succeeded in curing very aggravated cases by this method.

Dr. William B. Mann.
1570 Asbury Ave., Evanston, Ill.

SINS OF OMISSION AND COMMISSION.

It seems to be a question in the minds of the people whether it is a sin to prevent having children or to omit when possible. The question here would naturally arise, what is sin? "Sin is a violation of the law of God." In other words a violation of the laws of nature. While my re-

marks will deal mostly with the philosophy of the soul, I will at once proceed to define it and attempt to seek its origin. "The soul is the spirit in connection with the body." [I will not attempt to define the spirit.] Was it the design of the great Jehova that every pregnancy should result in a living being? I am quite sure it was. While we are satisfied this is true, was it the design that every sexual act should result in a living soul? If this is true, every act that does not is a murder. Then if every act was not so designed, what per cent. was? It is certain a certain per cent. was, if not none would be successful. Then is every one who commits a sexual act not intending to produce a soul a murderer? And if this is the case, in what element does the soul exist? Is it in the sperm cell or some other constituent element of the spermatic fluid? Or is it in the psychic brain cells? Or is it in the ganglionic centers of the spinal cord which preside over erection? Or is it in the blood which causes erection by its sudden influx? Or is it in the pleasurable sensation which canses us to seek sexual congress? Then if it is not a sin to commit a fruitless act, at what stage of development does the soul enter the body? And if the soul enters the body some time during its development, it cannot be a sin to have a fruitless intercourse. Then if it is not a sin to have a fruitless orgasm, how can it be a sin to not have children? You say it was intended that a union of the sexes should result in pregnancy. That is no doubt true; so was it nature for our hair to grow long, and we are born naked. Why not let nature have her course? I don't believe it more a sin to prevent conception in a healthful way than it is to have my hair cut. It is a violation of the law of nature, and I will leave that for the reader to decide which is the greater. If we decide it was the design of the Almighty that every orgasm should result in a living soul, it will be seen at once which is the greater, if not it will not be so easy. "God does not look on sin with the least degree of allowance; if we are guilty of the least we are guilty of all." Then it is, there never lived a soul (save Jesus) who never committed a sin, and if this be true, of two evils choose the lesser. Then for the race to produce more children than they can clothe, feed and educate is a sin we are bound to admit. Then which is the greater sin to have too many, or would it not be better to have a limited number? It is within the power of the people to only have enough children to support the species and no more, and I believe this is the original design of the Creator, for he has provided power in the minds of his people and we are expected to exercise it. We were given a free moral agency.

R. L. Ford, M. D.,
Livermore, Ky.

HINTS.

In 1856 Berthelot made potassium formate by passing CO over KHO.

For lupus give plenty of cod liver oil and keep the patient out doors in the sunlight. I cured a case of lupus erythemitosis by that treatment alone.

When an infant is born apparently dead place it in warm or almost hot water, before cutting cord, keeping face out, body immersed and on right side.

A case of diabetes can be quite successfully treated by a gluten flour diet; ℥j sodium phosphate t. i. d. and gtt. v-x of oil gaultheria every 3 to 6 hours. Remind your patient to avoid grapes.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis

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Society news and reports and items of interest are gladly received

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BUSINESS.

Physicians should apply the principles of business to the practice of medicine. It is all right to give free services to the poor but those able to pay should not receive professional work without paying for it. Bills should be sent regularly and promptly. There is no reason why a doctor should give his time, skill and medicines without charge or on unreasonably long time any more than the grocer or dry goods man. These trades people expect and demand the money. In the retail mercantile business cash is becoming more and more the custom. When people go to lawyers they pay their cash because the lawyers have given the people to understand that they require the cash, so it is promptly paid without question. The medical profession can and should educate the public to pay cash or to pay promptly. If this were done doctors as a class would be in a better financial condition and could pay their bills promptly.

NUCLEIN.

The article which Dr. Camp furnishes the Recorder this month will be found of especial interest as a clear exposition of advanced therapy.

In a private communication the author makes the following statement: "As I have stated in the communication, my excuse for bringing out the paper was to try and induce some to use nuclein who had never done so, or having tried some of the inferior preparations and failed to note efficiency, had given up the idea as one more nostrum on the market of no value. Right here let me say that the discussion which followed the reading of the paper brought out the fact that there were several present who had had that very experience, and the letters which I have received since the meeting making inquiry as to where reliable preparations could be obtained and the kind I used, dosage, etc., has shown me that while the paper was an incomplete exposition of the subject, yet the thought, backed up as it was by the testimony of several of the physicians present who had seen some of the wonderful impressions made by the use of nuclein in my cases, as well as in those where I had recommended it in consultation, was sufficient to awaken an intense interest. One of the greatest successes I ever had with nuclein was in the case of a physician's wife, who came very near death's door from gastritis."

New subscriptions and renewals to the Recorder are coming in on every mail. With each subscription, whether new or renewal, we give one thousand premium labels. We hope all our old subscribers will send in their renewals before the end of the year. Next year the Recorder will be better than ever.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

DISEASES OF THE STOMACH.—Their Special Pathology, Diagnosis and Treatment, with sections ou Anatomy, Physiology, Chemical and Microscopical Examination of the Stomach, Contents, Dietetics, Surgery of the Stomach," etc. By John C. Hemmeter, M. D., Ph. D., professor in the Medical Department of the University of Maryland, Baltimore; consultant to the University Hospital and director of the Clinical Laboratory; author of "A Treatise on Diseases of the Intestines," etc; with many original illustrations, a number of which are in colors, and a lithograph frontispiece. Third enlarged and revised edition. 894 pages. Price, cloth, $6 net. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St.

The investigation made and the understanding attained, the last few years, in the diagnosis and treatment of diseases of the stomach is exemplified in this work. The book is certainly a classic of American medical literature. The value of the work is shown in the fact that the first edition was exhausted in a little over one year, the second edition in two years, and now there is a demand for this third edition. The whole book has been gone over critically for this edition and much of it rewritten. New material has been added to the chapters on ulcer and carcinoma and a new article written on gastric lipase.

The subject is considered in three parts. Part First is devoted to the anatomy and physiology of the digestive organs and methods and technics of diagnosis. The book especially excels in the clear explanation of diagnostic procedures.

Part Second presents the therapy and materia medica of stomach diseases. The dietetic treatment of stomach diseases is a most important subject and in this book it receives the attention it deserves and is ably handled by the eminent author. Electricity and massage in stomach troubles are discussed and the actions of the medicines in gastric therapy fully and critically given.

Part Third is called "The Gastric Clinic". It gives the diagnosis and treatment, prophylactic, dietetic, medicinal and surgical, of all gastric diseases.

The author's aim is to present a book which will keep the general practitioner abreast of modern progress in this special line and in this he has succeeded most admirably. The book is a complete working guide in this branch of practice, which will always be invaluable to the practitioner.

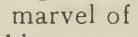
INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, Lon-

don, Paris, Leipsic and Vienna. Volume 3; series 13. Pages 306. Cloth, $2.00. Philadelphia. J. B. Lippincott Company.

This work is not a review or in any way clippings from the journals, but clinical lectures especially prepared by the foremost men, not only of the United States but throughout the world, to give practical help to the general practitioner.

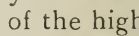
Dr. O. T. Osborne, of Yale University, contributes a lecture on the treatment of typhoid fever and Dr. Noel Mauger, of Versailles, one on the treatment of intestinal perforation in typhoid fever. Dr. T. D. Crothers furnishes a clinical lecture on the treatment of morphinism. An interesting lecture presenting some new ideas is "The Urticarias", by Prof. H. Hallopeau, of the University of Paris. "Insect Pests of Human Beings" is a good contribution, illustrated, by Dr. J. J. Walsh, of New York. Dr. P. R. Taylor, of Louisville, gives a practical, clinical lecture on several eye diseases. Dr. Arthur A. Bliss, of Philadelphia, writes on acute mastoiditis. "A Critical Study of the Theory of Inflammation" is the subject of a lecture by Dr. Hans Schwaus, of the University of Munich.

These are only a few of the leading features of the book, which is illustrated with engravings and plates. The book is a marvel of cheapness in good book-making.



Charts of the Utero-ovarian Vascular Circle.—By Byron Robinson, B. S., M. D. Price, $1.00 net. Chicago E. H. Colgrove, 65 Randolph St.

This work consists of eight wall charts, some of them printed in colors, designed to illustrate the utero-ovarian circle, known as the circle of Byron Robinson. These charts were drawn from actual dissections and X-ray photographs, by which it was possible to show all the ramifications of the important arteries of the pelvic and adjacent regions. The author injected the blood vessels, at the postmortem, with starch and red lead, which gives a distinct shadow with the X-ray. The charts represent an immense amount of patient work and original investigation. The American profession is highly honored in having a member who has done the amount of original investigation in the anatomy of the female pelvis that Dr. Robinson has. These charts are a valuable contribution to science which will be highly prized by many practitioners.



Physiology, Pathology, Bacteriology.—Edited by W. A. Evans, M. S., M. D., and Adolph Gehrman, M. D., Volume IX, Practical Modern Series of Year Books, under the general editorial charge of G. P. Head, M. D. Pages, 212. Cloth, $1.25. Chicago, The Year Book Publishers, 40 Dearborn street.

The distinguished editors of this volume present full and concise statements of the year's progress in these departments. The section on Anatomy is by Dr. W. T. Eckley, and that on Pathology by Dr. Bernard Fantus. This volume is of the high standard of the other volumes of the series.

Skin and Venereal Diseases, Nervous and Mental Diseases.—Edited by W. L. Baum, M. D., and Hugh T. Patrick, M. D., Vol. X, Practical Medicine Series of Year Books. Pages 245. Cloth, $1.25; Chicago. The Year Book Publishers, 40 Dearborn street.

This book is the concluding volume

of the first year of publication of this series. The success of this work has exceeded the expectations of the publishers and has encouraged them to at once begin the publication of the second series. This volume nicely covers the year's progress in these important branches of practice. The names of the editors assures readers of authoritative reports. The price of the year's series of ten volumes is $7.50.

THE PHYSICIAN'S VISITING LIST FOR 1903.—Leather, for twenty-five patients per day or week, $1.00; for fifty patients, $1.25. Philadelphia. P. Blakiston's Son & Co.

This is the fifty-second annual appearance of this pocket visiting list, which physicians find so convenient. It contains tables of incompatables, treatment of poisoning and weights and measures. The dose table has been revised by Dr. A. A. Stevens. The treatment of asphyxia and apnea is given in form for ready use. This list simplifies bookkeeping and is used satisfactorily every day by thousands of physicians. If such a list is used all charges are made at the time of service and nothing is forgotten. The paper in the book is excellent and the binding of the best.

THE PUBLIC AND THE DOCTOR —By A Regular Physician. Pages 150. Cloth 50 cents. Published by Dr. B. E. Hadra, Dallas, Texas.

This book is written by a regular physician for the information of the public regarding the practice of medicine and the relations which exist between patient and physician. The book is intended for the doctor's reception room and to be given to patrons. The book explains why a physician should be selected who is well educated and of good habits. It explains why various advertising charlatans should not be employed, and shows how worthless their guarantees are.

Business relations which should exist between doctor and patient are fully discussed. Patients are urged to pay their bills promptly and the reasons given. The book will doubtless have a large sale to physicians who wish to have their patients understand the doctor's side of practice.

BOOK NOTES.

Among the contents of Conkey's Home Journal for November are: "What the Coal Strike Has Done," by Landon Knight; "Patio Homes in California," George Saunders; "A Literary Autobiography," Mme. Sarah Grand; "How to Read the Hand," Elmo Jean La Seer;" "Boys' Pets," Marguerite B. Arnold; "Duties of Teachers," Ella Wheeler Wilcox."

The Household for October contains a great variety of matter of interest to housekeepers. The departments devoted to the various branches of domestic science are replete with practical suggestions. The fiction is wholesome and entertaining. The literary and art supplement of this publication have made a marked improvement recently. The Household is published at Union Square, New York.

The leading feature of the November McClure's is the first installment of Ida M. Tarbell's long-announced "History of the Standard Oil Company." In the "Birth of an Industry" Miss Tarbell outlines what had been accomplished in the oil region before the Standard Oil was born. It is a most interesting article. Geo. W. Smalley's article on "Men of Letters" gives interesting sketches and is well

illustrated with good portraits. Professor J. W. Jenks discusses "Some Philippine Problems." Other articles and pictures make a good issue.

The strenuous life is the key of the November "Everybody's". The magazine is brimming with movement, incident and doing. The frontispiece is a portrait of the president's mother. The number begins with the first installment of Justus Miles Forman's novelette, "Journeys End." Mrs. Bessie Van Vorst in "The Woman That Toils" tells of life in the knitting mills at Perry. An intelligent and penetrating study of the career of David B. Hill, by David Graham Phillips, is a feature of timely interest. There is another of the excellent series by Booker T. Washington on "Working with the Hands." Every number of this excellent magazine shows progress.

The November issue of Annals of Surgery presents a varied and most important series of articles and well illustrates the active and high character of the surgical work of the present day, especially among American surgeons. The represntative character of this journal is well emphasized as one notes the many and widely separated centres from which the various articles are drawn. The South is represented by Harris of Chattanooga, and White of Savannah; the middle West by Bryson of St. Louis, Bartlett of Chicago, and Ransohoff of Cincinnati; the North by Armstrong of Montreal, and the Atlantic coast by Whitman, Meyer, and Fowler, of New York. Surgical Technique, Surgical Anatomy, Surgical Pathology, are all represented in some articles.

The November (Thanksgiving) issue of "Success" has a long list of good things appropriate for this season. It opens with a new illustrated poem by Alfred J. Waterhouse, entitled, "An Old Thanksgiving Day." One feature, is the first installment of a stirring story by Henry Wallace Phillips, entitled, "Hiram Bennet's Gold Mine." Henry M. Stanley tells the aspirants for African fame what is still awaiting the explorer in the "Dark Continent." William Davenport Hulbert furnishes another of his fasinating animal stories in "The Mink Who Left His Native Stream." John Gilmer Speed's article on "The Pace That Costs," a clever account of the extravagances of rich Americans, is full of interest. Burton J. Hendricks gives a goodly amount of necessary information in "The Meaning of the Sky-Scraper Trust." These are only a few of the features of this issue.

The November number of Lippincott's Magazine is filled with fiction, long and short, varied enough to suit readers of all sorts and sizes. The monthly novelette, "The Other Man," by Frederic Reddale, is a modern romance with the spice of mystery. From the diamond fields in South Africa the story quickly shifts to high life in England. A tragedy happily averted makes a good end to a tale which shows those desirable gifts, marked originality and spirited style. Among the shorter stories there is one by Alice Brown, who, it is said, rivals Mary Wilkins in her portrayal of New England types. In this, "The State-House Platter," she is at her best. A name prominent in the world of letters is concealed by the pseudonym "Senex" as the writer of a delightful paper entitled "A Slender Sheaf of Memories". This embodies some unpublished letters of both Thackeray and Carlyle and bristles with anecdotes of famous English literati. Some facts about "Edgar Poe's Last Night in Richmond" are told by a native of that place, Dr. John F. Carter, whose portrait heads the article.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Prof. Lorenz.—The visit of Dr. Adolph Lorenz, professor of orthopedics at the University of Vienna, to Chicago, has resulted in much newspaper and journal discussion regarding the man and his work. He was called to Chicago to perform his bloodless operation for the reduction of congenital dislocation of the hip on the little daughter of J. O. Armour, the well known millionaire. According to newspaper reports he received $150,000 for the operation. This fee may seem large but compared with attorney's fees it is not. Prof. Lorenz created a most favorable impression by his pleasant manner and the freedom with which he imparted his knowledge to other physicians. He operated on a number of other cases at public Chicago clinics which were largely attended by physicians of Chicago and nearby places. This is another example of the true physician who freely gives his knowledge to brother practitioners for the benefit of humanity.

Hemorrhage Following Adenoid Operation.—It is well to bear in mind the undesirable accidents and complications which follow the smaller surgical operations. While the removal of adenoids has been usually considered without danger it is worth remembering that a sufficient number of cases of fatal and alarming hemorrhage have been reported to warrant all possible precaution.

For this reason it is much more satisfactory to perform this operation in a hospital where the patient is placed in the recumbent position immediately after the operation and cared for by skilled attendants. A fatal case of secondary hemorrhage was reported at the recent meeting of the Canadian Medical association. The following report appears in the Maritime Medical News:

"A Fatal Case of Secondary Hemorrhage Four Days following the Removel of Adenoids," by Dr. Perry G. Goldsmith, Belleville. Ont. This paper dealt with the case of a child operated on by Dr. Goldsmith for obstructive deafness due to enlarged faucial tonsils. The operation was not unusual, and the condition of the patient, on the second and third day after the operation, was apparently satisfactory; on the fourth day, however, repeated and alarming attacks of hemorrhage set in, resulting fatally in a few hours. There was no history of hemophilia, The patient was under the care of the family physician at the time of death, and as no postmortem could be obtained, the cause of the hemorrhage remained unknown.

Treatment of Obesity.—This is a subject worthy of careful consideration by all practitioners and should receive more attention than many give it. Dr. J. H. Kellogg, of Battle Creek, Mich., gives an excellent article in Modern Medicine on treatment for obesity. In addition to the treatment which Dr. Kellogg gives, the administration of iodothyrine in moderate doses hastens the reduction of fat. The iodothyrine should not be given in too large doses, nor for too long a time continuously. Dr. Kellogg says:

The obese patient has an overaccumulation of residual tissue, and this residual tissue is chiefly in the form of fat or hydrocarbons. There may be

an excess of carbohydrates, and also proteids if habitually taken in too great quantities. Fat is the chief element in excess.

To reduce the weight:

First. Diminish the supply by restricting the diet to one-half the usual amount.

Second. Increase oxidation (a) by increased work, (b) by exposure to the influence of cold, which will stimulate heat production and thus increase tissue consumption, especially the burning up of carbohydrates and hydrocarbons.

The dietetic regulation consists, first, in cutting down all food supplies to one-half the daily ration, which would represent ten to twelve ounces of water-free material. The carbohydrates and hydrocarbons should be diminished in greater proportion than proteids. The latter should remain at about the standard normal quantity, and should not be reduced more than one-sixth or one-third the normal amount; that is, it may be lessened from three ounces to two and one-half or two ounces. Carbohydrates may be reduced to seven or even six ounces; and fat, to half an ounce or even less. The body is made to feed upon itself. The food should be taken dry. There should be little variety, not more than one or two things, such as zwieback and fruit, or even fruit alone. The fruit should consist exclusively of juicy fruits, and these not excessively sweet, such as apples, peaches, plums, avoiding dates, raisins, figs, and bananas. Patients should avoid flesh foods because of the wastes they contain, and should also avoid milk.

To increase the oxidation of tissue, exercise and cold bathing are the essentials.

The cold bath is a more effective means of stimulating oxidation than is exercise. More than four-fifths of all the oxidizable material which enters the body is consumed in heat production; one fifth, in work. My experiments show that a man of 160 pounds, in a bath containing 400 pounds of water at 68.4°F., will raise the temperature of the water 1½° in fifteen minutes. This would amount to a loss by the body of six hundred units, or of nearly four degrees in temperature, if there had been no decrease in heat production; but as the temperature fell only .2°, it is evident that heat production was increase sufficiently to produce 568 heat units, or at the rate of 3.8 heat units per minute. Since the normal rate is 7.2 heat units, it is evident that the heat production was increased to 1.5 times the normal rate. This rate of heat production would consume an onnce of water-free food in ninety-eight minutes (1,080 ÷ 11 = 98). From this it is evident that the cold bath of ninety-eight minutes duration is equivalent, in the reduction of fat, to a walk of twenty miles on the level, at the rate of three miles per hour; or to the climbing of an ascent which rises at the rate of one thousand feet in three miles, for a distance of nine miles; or to the climbing of a slope rising at the rate of one thousand feet per mile, for a distance of four miles.

These facts make it clear that the cold bath is a much more powerful means of reducing flesh than is exercise. A person cannot take a twenty-mile walk several times a day, but a cold bath may be administered twice or even three times daily, or it may be continued such a length of time as may be necessary to secure the desired effect. If exercise accompanies the cold bath, as in swimming in water at 68° to 75°, the flesh-reducing influence of exercise and the cold bath may be combined. This is, in fact, a most admirable combination. By the regulation of these three features—restriction of the diet, exercise, and the cold bath—the patient may be made to lose flesh at almost any desired rate.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

CLINICAL REPORT.

By Edward C. Hill, M. D., Denver, Colorado.

The following brief clinical notes may serve to illustrate the facts stated in the article on page 339, October Recorder. The blood count in each instance was made with the Thoma-Zeiss hemacytometer; hemoglobin was calculated by the Hammerschlag specific gravity method. I need hardly remark that the blood findings at the altitude of Denver are normally higher than at points near sea level.

Case 1. Jose K., 15 years, thin, delicate and somewhat strumous, had menstruated irregularly and intermittently for 16 months; erythrocytes 3,600,000, hemoglobin 58 per cent. She was taken out of school, put on a diet largely protein, given aloin, strychnin and belladonna pills for her bowels, and for her blood, pepto-mangan (Gude), a dessertspoonful four times daily after eating. Under this treatment she made an average weekly gain of 1¼ pounds in weight, about 150,000 red cells and 3⅓ per cent. hemoglobin, and was discharged cured in ten weeks.

Case 2. Alice R., 18 years, rather stout but pale, with greenish tinge; complained of palpitation and breathlessness on slight exertion; menstruation barely begun and scanty. She was made to take gradually increasing exercise on her bicycle, a cool bath every morning, less carbohydrates and more proteins in her diet. She recovered from all her morbid symptoms within four months, and has since married and given birth to two healthy children.

Case 3. Amelia B., 23 years old, an overworked servant girl, had suffered since the period first began, nine years before, with marked dysmenorrhoea, the flow being prolonged but rather scanty. The red blood cells numbered 3,800,000 per cu. m. m., with proportionate oligochromia. She was induced to rest at home and take six eggs daily, along with other nourishing food and pepto-mangan (Gude), a dessertspoonful four times daily an hour after food. She made a very rapid recoverh, the red cells running up to 4,900,000 within two months and the menstrual periods becoming quite normal. By exercising proper care she has remained well for the past eight years.

Case 4. Olive M., 13 years, blonde, thin, active, sensitive, a hard student, just beginning to menstruate, the flow being scanty and accompanied with pain. The blood count was 63 per cent. of normal, the color index 57 per cent. Under treatment similar to that mentioned in the first case, she became round and rosy, menstruated freely and easily, took on 17 pounds in weight, and raised the blood findings above the normal at sea level, all within eight months.

Case 5. Fannie R., 17 years, active, ambitious, intelligent, had such excruciating pain all through her menstrual periods for two years as to cause actual wasting. Physical examination revealed nothing abnormal except an undersized uterus. She was given pepto-mangan in tablespoonful doses three times a day, and was told to lie with the head lower than the hips. After three months treatment the periods became quite painless, and have remained so for five years.

Case 6. Flora J., 16 years old, be-

gan to menstruate profusely a year before, since which time she has been always ailing; erythrocytes 3,100,000, hemoglobin 63 per cent. She was given cool baths and massage, a bitter tonic, laxatives and Gude's pepto-mangan in dessertspoonful doses. When discharged cured, five months later, the blood count was 4,700,000, hemoglobin 95 per cent.

Case 7. Maggie W., aged 15, clerk in a department store, was extremely chlorotic (hemoglobin 28 per cent.) with a soft, systolic basic murmur and some symptoms of gastric ulcer; menstrual molimina but no flow. She was kept in bed at home, fed largely on meat, fish and eggs, and was given pepto-mangan (Gude) thrice daily a tablespoonful at a time. The functional murmur soon disappeared, the iron in the blood came gradually up to normal, the patient lost in weight as she gained in health, and menstruation appeared regularly.

Case 8. Nora R., 14 years, healthy in appearance, but neurasthenic; no trouble with menstruation, except at this time she became more nervous and developed a rapid pulse and some swelling of the thyroid gland. For this incipient exophthalmic goiter she was kept in bed with a cold pack over the thyroid at the menstrual period, and was given pepto-mangan (Gude) steadily for six months in dessertspoonful doses. She has been quite well and free from the symptoms mentioned for over a year.

In conclusion the writer would like to emphasize the peculiar physiologic efficacy of pepto-mangan (Gude) in aiding young girls to a normal womanhood, when the crisis of puberty is complicated with any defect in blood-making and nutrition. Its action is prompt and pleasant, and the clinical benefits derived from its use are readily apparent to all concerned. In curable cases it is as nearly specific as any combination of drugs could be.

ULCER HEALED WITH APPLIED BLOOD.

By T. J. Biggs, M. D., Sound View Hospital, Stamford, Conn.

Mike L.; age 57, Irish. Diagnosis, ulcer of left leg. Admitted to hospital March 3, 1902, This condition was of about 12 years' standing, and during that time had never entirely healed. He had been treated at various hospitals and at various clinics and by private physicians, but said that he got no special relief. The ulcer was a large one situated on the calf of the leg, being 4 by 3¾ inches. It was covered with unhealthy granulations which exuded a foul-smelling purulent discharge. The surface of the ulcer was thoroughly cleaned up with a dermal curette, and dressed with a wet Thiersch pack. This was kept wet and not changed in 24 hours. At the end of the 24 hours this dressing was removed, the wound throughly cleansed with bovinine and hydrozone reaction, followed by Thiersch irrigation, and dressed with bovinine pure. The bovinine dressings were changed twice in 24 hours, and the patient got a wineglassful of bovinine internally, every three hours. March 23d, the ulcer had healed with the exception of a small space at the upper periphery. This was touched up with a 25 per cent. solution of hydrozone, and dressed with bovinine pure; the dressing being renewed twice in 24 hours. March 30th, the patient was discharged cured, the ulcer having become covered with healthy skin, and no scar tissue, it being almost impossible to tell it from the surrounding skin, the only difference being that it was a little redder.

Dr. Jessner finds epicarin very serviceable in the treatment of scabies, as it completely destroys the itch parasite.

MEMBRANOUS COMPLICATIONS

(Throat, Bronchii and Lungs.)

Under the above heading we find the following by Walter M. Fleming, A. M., M. D., New York City, in the September number of The Medical Era: "With all the experience of more than a quarter of a century, in the treatment of winter cough, and its complications of laryngeal, bronchial and pulmonary irritability, also dyspnoea, asthmatic spasms, and finally whooping cough, usually the most persistent and tenacious of all of these membranous maladies—I find no one remedy more strongly indicated, or which yields more prompt and satisfactory results than antikamnia and heroin tablets, composed of antikamnia 5 grains and heroin hydrochloride $\frac{1}{12}$ grain. The purpose of this combination is manifest at once, for it provides primarily, a respiratory stimulent; secondly, a soothing sedative to the irritable mucous membrane and and thirdly, an antipyretic and analgesic. Result: A prompt and efficient expectorant, which at once relaxes the harsh and rasping cough, and releases the tenacious, sticky and gelatinous mucous, while its soothing influence is at once manifested, greatly to the comfort and contentment of the patient."

PROLAPSUS OF RECTUM AND HEMORRHOIDS.

By C. A. Rennoe, M. D., Coroner St. Joseph Co., South Bend, Ind.

For the benefit of my brother physicians I wish to report the results of my treatment of one particular case of prolapsus of the rectum and blind piles of many years standing.

Mrs. N. of this city had been suffering a long time from intense pain extending through the pelvic region by the irritation from prolapsus of the rectum and blind piles affecting the whole pelvic viscera. She had frequent desire to urinate with distressing "bearing-down" sensations and great heat and tenderness through the lower abdominal and pelvic regions, led her to believe that she was suffering not only from piles, but from organic diseases of the womb, ovaries, and contiguous organs as well.

An examination of her troubles satisfied me her distress was due entirely to her painful prolapsus of the rectum, and piles. Having successfully treated a great many cases of piles with Dr. Harris' painless one night pile cure, I put it to a test in this particular case and in a few days the pain and bad symptoms subsided and I dismissed the case.

Arsenauro has cured many cases of diabetes mellitus. If you are interested in this subject, write the Chas. Roome Parmele Co., New York, who will send you a book on the treatment of diabetes. This matter is worth investigating.

The "Manual of Physiological Cell Medication," by John Aulde, M. D., should be read by every practicing physician. The information it contains will be appreciated by every reader. The Aulde Chemical Co. will send a copy to any Recorder reader free of charge.

The H. M. Merrell Co. offers some very low prices on some of the Merrell specialties—syrup hypophosphites, essence pepsin, syrup pinus compound. If you do not know about them, better write today for a catalogue of Merrell goods. Merrell's preparations are always reliable.

BRIEF MENTION.

Oil of origeron, administered internally and externally, is useful in all hemorrhagic conditions.

Maltzyme is a most elegant and efficient malt preparation. We have used it in hundreds of cases with pleasing results.

Dr. W. H. Kimberlin, a Kansas City oculist, was shot and killed Nov. 11, by a patient who imagined the doctor's treatment injured his eyes.

Hydroleine is an elegant palatable cod liver oil preparation. C. N. Crittenton Co., New York, will send a free sample for trial to our readers.

The brown iodide of lime made by Billings, Clapp Co. is a valuable remedy for all glandular enlargements. In membranous croup it is considered specific.

Dr. Frederick A. Packard, of Philadelphia, died Nov. 1, aged forty years, as a result of typhoid fever. He was a prominent teacher and writer and a successful practitioner.

The next time you have a varicose ulcer to deal with, cleanse it daily with hydrogen peroxide and apply zematol, you will be surprised how quickly results will follow.

Dr. Robert N. Tooker, of Chicago, died of apoplexy Nov. 10. He was one of the leading homeopathists of the country, being prominent as a writer, teacher and practitioner.

Morgan's sabalol spray is very efficient. T. C. Morgan & Co., New York, have such confidence in its value that they are willing to send a free sample to any physician wishing it.

The ambulatory pneumatic splint is becoming recognized as a necessity in treating fractures. The greatest surgeons are using it with great success. It marks a distinct advance in surgery.

Lanikol is a most valuable remedy in dermal therapeutics. Its popularity with the profession is rapidly growing. A sample free to any of our readers. Give it a trial and you will not regret it.

The Wheeler Chemical Works, Chicago, offers a line of specialties which have all been proven in actual practice to be of unquestioned value. Information and samples are supplied to those interested.

This is the time of year when you need triacol in your practice nearly every day. Chronic coughs yield to its curative action. The Alpers Chemical Co., New York, sends free samples to Recorder readers.

The dry hone made by E. A. Harrington, Waukesha, Wis., will always keep your surgical instruments sharp with little trouble. The best barbers in this city tell us that they now find it indispensable in keeping their razors sharp.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

VOL. V. JANESVILLE, WISCONSIN, DECEMBER, 1902. NO. 12.

LEADING ORIGINAL ARTICLES.

SPLANCHNOPTOSIS AND ITS TREATMENT.

By Byron Robinson, B. S., M. D., Chicago.

(Continued from page 360, November issue.)

C. THE UNION OF THE TWO RECTI ABDOMINALES IN A SINGLE SHEATH.

My attention was first called to the subject of lax abdominal walls by Karl Schroder, whose pupil I was for a year. In that year (1884-85) Prof. Schroder, the greatest gynecologic teacher of his age, was at his zenith of fame, and his clinic was vast. In fact, he tapped the whole of Europe for his material. He discussed in his clear style the misfortune of lax abdominal walls, and he resected the large oval segments of the abdominal wall lying between the diastatic recti abdominales. He then united the sheaths of the recti in the median line. But Prof. Schroder said then to his pupils that he was not fully satisfied; it was the best surgery that he knew at that time. Later German surgeons improved on Schroder's ideas by splitting the sheath of the recti and enclosing both the recti abdominales in one sheath by uniting the recti sheaths anterior and posterior to the recti muscles.

In 1895 Dr. Orville W. MacKellar and I operated on a woman pregnant four or five months, where the diastasis of the recti abdominales was very marked, and the uterus, on coughing or extra-intra-abdominal pressure, would project between the recti abdominales. We united the split sheaths of the recti anterior and posterior, enclosing the two musculi recti abdominales in one sheath. Dr. MacKellar reports to me at present that his patient is perfectly well, and the operation was a success. Dr. MacKellar was at the delivery and the sheaths remained perfectly intact. For the post-operative hernia, for years past at the Mary Thompson Hospital, I have split the recti and enclosed them in a single sheath. Everyone with sufficient experience knows that the post-operative hernia of any considerable size, in women over 40, is in every case accompanied by splanchnoptosis. Dr. MacKellar and I have records to show that 6 years after enclosing of the two recti abdominales in a single sheath, for splanchnoptosis, the operation is a success. The mesenteries are not to suspend the viscera, but to act as a neuro-vascular viscera pedicle, and to prevent the entanglement with

other viscera. It is the abdominal wall that holds the viscera in position.

Besides, I showed in 495 detailed records of personal autopsic abdominal inspection, that in 98 per cent. of the subjects the enteron has a mesenteron sufficiently long to herniate through the inguinal, femoral or umbilical rings. Hence the mesenteries must be looked upon as neuro-vascular visceral pedicles, and not as suspensary organs, while the abdominal walls are the great supporters and retainers of the viscera. And as every anatomist knows, the recti abdominales are among the chief regulators or governors of visceral poise, at least they retain the viscera in their first delicate normal balance.

In uniting the two recti abdominales into a single sheath the operation may be performed without entering the peritoneal cavity. I think this operation has a large field of usefulness, for it can be performed without entering the peritoneal cavity and after any laparotomy.

D. FOR GASTRO-DUODENAL DILATATION —GASTRO-ENTEROSTOMY.

In all cases of advanced splanchnoptosis gastro-duodenal dilatation exists, due to compression of the transverse duodenal segment by the superior mesenteric artery, vein and nerve. I have carefully tested this matter in abdominal autopsies for nine years.

Gastro-Jejunostomy.—This I consider one of the best surgical methods to overcome gastro-duodenal dilatation. I proved in gastro-jejunostomy in dogs, ten years ago, that it will enable the stomach to contract, because the food does not tarry in the stomach, but passes immediately into jejunum and ileum, the business portion of the tractus intestinalis. Any segment of the tractus intestinalis containing no contents, or over which no food travels, will remain contracted.

Any one can prove this by excluding a segment of the bowel from fecal circulation; it soon contracts and remains in that condition. In 1894 Dr. Lucy Waite and I made an abdominal autopsy on a man aged about seventy years, in which the stomach rested on the pelvic floor, presenting enormous gastro-duodenal dilatation. But the duodenum transversum practically remained in its original location and relation.

This illustrates that, since the duodenum cannot pass distalward with other viscera, on account of its attachments, that it can be relieved only by turning the fecal current over another route. Gastro-enterostomy has, in the operation for relief of gastro-duodenal, a much wider and more useful range than for malignancy or stricture of the pylorus.

My first case of gastro-enterostomy for gastro-duodenal dilatation in 1894 was performed on a patient of Dr. C. Henry of Fostoria, Ohio. This patient vomited for nearly two years. At the operation the stomach and duodenum were found enormously dilated, due to compression of the transverse segment of the duodenum by the superior mesenteric artery, vein and nerve. The stomach occupied the pelvis. I performed gastro-enterostomy with my segmented rubber plates. In 1901, seven years subsequent to the gastro-enterostomy, Dr. Henry informs me that she is perfectly well.

E. OVERLAPPING THE MUSCULO FASCIAL APPARATUS.

The method of overlapping of the fascio-muscular abdominal wall we have tried amply sufficient and with such signal succes that I am sure others will adopt it when familiar with the method. The technique of overlapping of the muscles and fascia of the abdominal wall is simple, consisting in dissecting bilateralward the

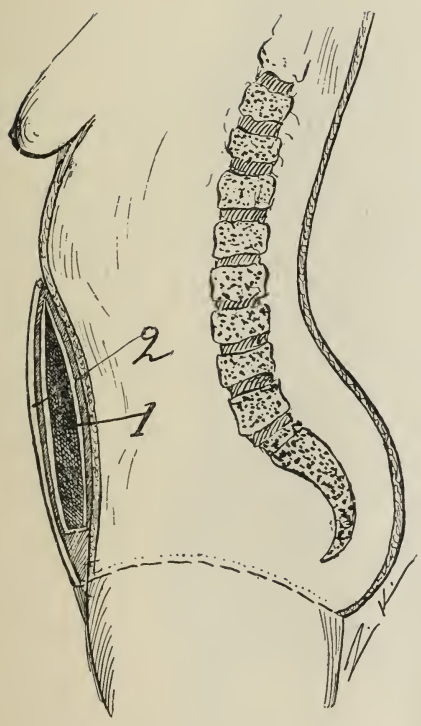


FIG. 5.

FIG. 5. Profile view to illustrate the pressure of the rubber air pad on the abdomen. 1, distended rubber pad; 2, all of abdominal supporter over rubber.

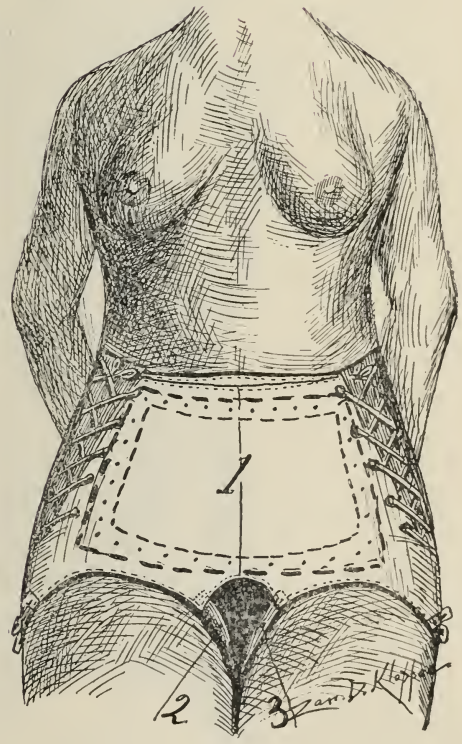


FIG. 6.

FIG. 6. The rubber air pad is fitted to the abdomen inside the abdominal supporter. 2, 3 are rubber tubes to fix the abdominal supporter.

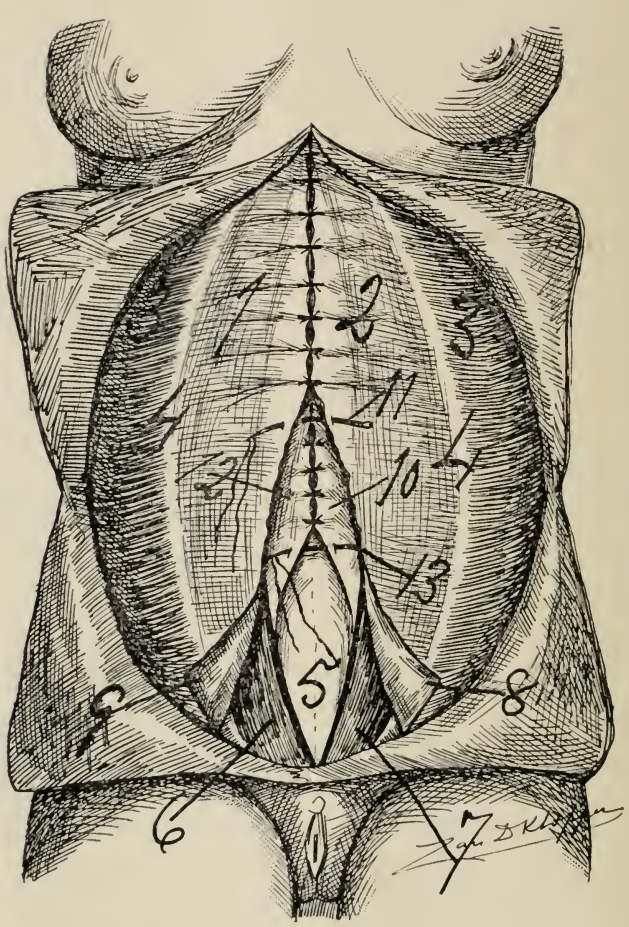


FIG. 7.

FIG. 7. Operation for visceral ptosis by placing the two musculi recti abdominales in a common sheath; 6 and 7 are the recti muscles: 12 and 10 is the posterior sheath, being sutured: 7 and 11 is the anterior sheath, being sutured. This restores the poise and balance of the viscera: 7 and 7, sheaths of the recti: 3 and 3, external oblique: 5, linea abla, and 4 and 4, lineae semilunares.

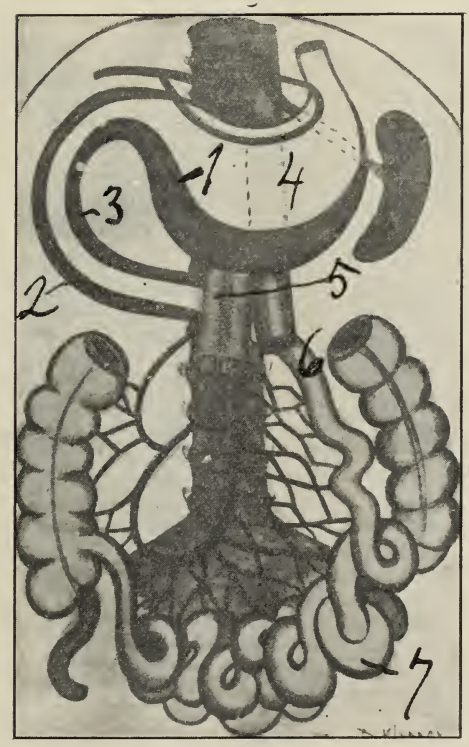


FIG. 8.

FIG. 8. Front view of gastro-duodenal dilatation from compression of the transverse segment of the duodenum by the superior mesenteric vein, artery and nerve. 1, 2 and 3, colored portion showing dilatation of stomanh and duodenum; 4, stomach; 5, superior mesenteric artery vein and nerve bound in a strong bundle and compressing the duodenum against the vertebral column; 6, jejunum (note how its natural size is retained, while on the opposite side the duodenum is dilated); 7, enteronic loops in the pelvis dragging under and more on the structure compressing the duodenum.

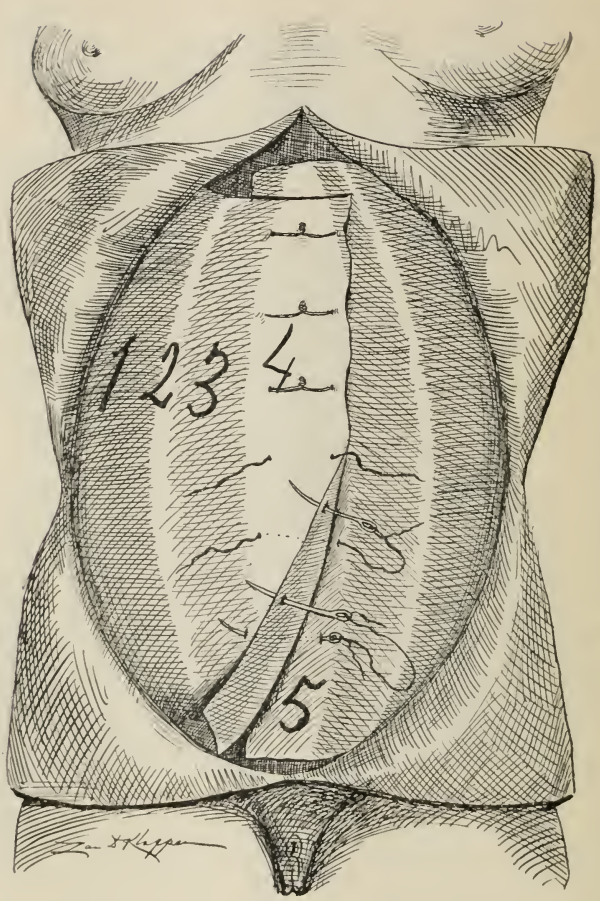


FIG. 9.

FIG. 9. (Author.)—Illustrates the overlapping of the fascio-muscular apparatus of the abdominal wall in Herdenhain's method of operating. 1, abdominal muscles; 2, linea semilunaris; 3, 3, retus muscle; 4, linea alba.

skin and areolar tissue as far as desired. We dissect to the dense strong fascia coving the abdominal muscles and also remove large masses of fatty areolar tissue, sometimes many pounds—adi-potectomy abdominalis. The peritoneum is left undisturbed as the trauma of handling it desquamates its endothelia, whence it heals like other connective tissue. The fascio-muscular abdominal parietes is now overlapped to the desired extent and fixed in position by strong silver wire through a quilting suture 2 or 3 to the inch, i. e., for a 10 inch abdominal incision 25 silver wire sutures are employed. Supposing that the left abdominal wall overlaps ventrally the right; the needle is introduced in the right wall from without inward, passed in the free abdominal cavity for ½ to ¾ of an inch, whence it is repassed through the right abdominal wall from within outward. The same needle still threaded is now passed through the left abdominal wall from within outward. The unthreaded end of the silver wire has now a needle placed on it and passed through the right abdominal wall from within outward, whence the two ends are ready to tie. All the sutures are placed in position before tying. Each suture grasps ½ or ¾ of an inch of tranverse tissue. The sutures are twisted, cut off and the sharp ends turned in a curve by a haemostatic forcep. The skin and superficial fascia is sutured with silk worm gut sutures.

The umbilicus should be resected.

In one case of Dr. Lucy Waite we overlapped 6 inches of abdominal wall, which narrowed the abdomen by 12 inches. This patient had been operated on 9 times for the cure of post operative hernia. She complains at present of the belly feeling rather tight. I suggest that large masses of panniculus adiposus can be removed in obese patients with advantage. Some four or five years ago I tried overlapping of the fascio-muscular apparatus, using cat gut, but cat gut is not so reliable as silver wire.

In 1891, while on a visit to M. Jordon Lloyd, I observed that he employed the overlapping method in his cases of inguinal hernia. I am convinced, after considerable experience with splanchnoptosis that the method of overlapping of the fascio-muscular abdominal wall and fixation in situ with silver wire has a large field of usefulness.

FISTULA IN ANO.

By Charles C. Miller, M. D., 100 State Street, Chicago.

(Continued from page 353, November issue.)

ISCHIO-RECTAL ABSCESS.

This is by far the most important form of abscess, and its treatment is open to no little improvement, as it is advised by the modern teachers. The fossa in which the suppuration primarily occurs is situated between the rectum and the ischium. Anteriorly it is limited by the deep perineal fascia and posteriorly by the gluteus maximus muscle. Above separating it from the cellular tissues of the pelvis, lies the levator ani muscle. This muscle is further strengthened by a layer of fascia, reflected from the obturator fascia, and they prevent the high extension of the pus. In consequence of this fact, if you meet with a fistula which has originated in an ischio-rectal abscess, you can feel quite certain that the tract or tracts do not extend high up out of reach, even though the buttock has been in great part destroyed. I call attention to this because many physicians will fret arouud with a probe fearing to operate if the sinuses seem to be numerous and difficult to follow for fear that some of them may extend up so high that they

cannot follow them and complete the operation.

The ischio-rectal fossa is filled with cellular tissue, which is infiltrated with fat to a variable extent according to the fleshiness of the individual. This mass of tissue is so situated, as to be not infrequently exposed to trauma, and with a circulation none too good in the normal state, suppuration is a frequent sequence.

Some writers declare this fossa to be the site of a majority of abscesses in this region. This will be the observation of the rectal specialist, for he is consulted in great part only after the general practitioner has been seen. The general practitioner will see many cases of the minor forms of abscess first mentioned, which he will treat himself, but as he oftentimes refers his ischio-rectal abscesses, the specialist forms the opinion that they make up the greater number of abscesses in the anal region.

PELVI-RECTAL ABSCESS.

This form of abscess is frequently the most serious of those met by the rectal surgeon. It involves the cellular tissue surrounding the bowel above the levator ani muscle and in consequence is more difficult to diagnose and treat. Where the cause cannot be traced to a previous suppurative inflammation of the genital or urinary tract, it is marked by considerable obscurity, though unquestionably such cases occur. The intimate relations of this cellular tissue to the bladder, prostate and seminal vesicles, makes it clear how severe suppurative processes may involve this cellular tissue by direct extension from these organs, when they are involved.

Though I have not observed it in the writings of other authors, I would limit the pelvi-rectal abscess to the male, in the great majority of cases. In the female it is true that there is cellular tissue surrounding the rectum but it is in less quantity and the bowel more intimately connected with the vagina below and anteriorly. Abscesses occurring in the cellular tissue above the vagina I feel should be considered as pelvic and not pelvi-rectal, and the seeker for information regarding such will find them best considered alone, and then by the surgeon in treating upon gynecological subjects. In a few cases in the female, the cellular tissue above the levator ani is involved posterior to the rectum, between this portion of the bowel and the sacrum.

The student of medicine in looking for a symptom complex to guide him in the recognition of pelvi-rectal abscess will find some difficulty in satisfying his desire in this respect. Owing in part to its rarity, and in part to the obscurity of symptoms when present, a great majority of writers on rectal diseases merely mention it in passing or cite a clinical case met with in their own practice and then quit the subject. Individual cases form dangerous guides for all cases of the same general nature.

The previous history of genital suppuration should always be kept in mind, as a valuable point to be elicited in all suspected cases. Such a case may present with a dull, constant pain in the region of the rectum, or with severe throbbing pain. If coupled to this we have the presence of a tender mass felt through the rectum, and projecting into the bowel as well, we can feel quite safe in suspecting this form of abscess. Fluctuation of the mass when the bladder is empty will render the diagnosis almost certain. A marked symptom may be pain on defecation or again in other cases be slight or absent. Where the physician can it is well to examine the blood for the symptoms which it gives in any case of suppuration.

THE TREATMENT OF MINOR FORMS OF ABSCESS.

The treatment of the minor forms of abscess should be directed toward securing free drainage of any pus which may form, with a view of preventing its forming small fistulae. These, while but of a minor nature, after once formed may be permitted to exist for years; while merely a submucous fistula, and not over one-half an inch long, not a few patients will be much annoyed by such, and fail to secure succor in a minor operation. One course alone is necessary to prevent these fistulae, as a sequence to marginal abscesses, and that is their free opening as soon as the inflammation becomes distinct. Suppuration will follow in nearly all cases, and demand ultimately an opening. If such is the case, in my opinion, it is well to make the incision just as soon as you see the case. If suppuration has not occurred the wound can be mopped out with pure carbolic acid, and then dressed with an antiseptic of some kind. It can be filled with a very small piece of gauze, and kept open if feared that it will close before the process is completed, though I find that such does not occur when no such precaution is taken. The incision is most insignificant, being rarely for this form of abscess over a quarter of an inch long if made before or immediately upon the establishment of the suppuration. The patient should then be instructed to use some form of antiseptic wash at least once daily, preferably immediately following the action of the bowels. This may be a carbolic solution or bichloride solution if the physician can be content with old and active antiseptics.

No elaborate details are required in respect to the treatment of suppurating hemorrhoids. Fistula formation can best be prevented by cutting off the affected hemorrhoid. This can be done if it is the external variety by distending it completely with a very weak solution of cocaine. If it is sufficiently distended the pain of the procedure will be insignificant no matter how severely it is inflamed. Bleeding will be a little free, perhaps, in which case a pad of cotton held firmly in contact with the raw surface with a strong bandage will safely control it without a possibility of failure. One hears a great deal said about suturing after this operation, but it is folly to trouble one's self in nine out of ten cases. The idea that it facilitates healing is of course the reason why the writers are continually harping on this suture method. For my own part, I cannot see any gain in having the spot healed a few days sooner. Another thing is certain, the sutures hold filth, or we might say septic matter, in contact with the sutured wound. You would not suture a wound under such circumstances anywhere else on the body. If it is due to suppuration of an internal hemorrhoid operate on it, using excision, ligation or clamp and cautery, as you prefer. Complete removal of a suppurating hemorrhoid will prevent fistula formation, if the operation is performed in time.

Abscesses of the wall of the bowel should receive most careful attention. They may be small and cause few if any symptoms. The patient may suffer some pain upon defecation for a few days and then find his stool containing pus. This may terminate in a condition calling for the exercise of all the skill of any surgeon to relieve. In other words these cases ultimately result in internal fistulae, which while small and apparently insignificant are a constant source for the formation of pus. The well directed efforts of surgeon after surgeon will in such cases not infrequently leave the patient uncured. As soon as the medical attendant can satisfy himself as to the

character of such an inflammatory mass felt within the rectum, he should freely open it, and prevent, if possible, any tendency for the pus to burrow under the mucosa. The opening of such a mass may best be accomplished through a rectal speculum in some cases, in others through the short tubular speculum, or probably in most cases best after careful divulsion of the sphincter. As a matter of fact the surgeon only sees a very small per cent. of such cases before rupture of the abscess.

DIAGNOSTIC SIGNS IN DISEASES OF CHILDREN.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

A healthy child should sleep eighteen out of every twenty-four hours. It is important in fixing the period of the commencement of an illness to inquire when the child was first sleepless.

In lesions of the brain the brow is knit, the eyes roll, the hands are constantly at the head pulling the hair, and rolling or burying the head in the pillow.

In pulmonary and cardiac affections the nostrils are sharp or distended, the lips are pale or bluish in color and dark rings are under the eyes.

In abdominal troubles the cheeks are changed in color and sunken, the lips are livid, the legs are drawn up, the face is anxious and the child picks at the bed clothes.

In diphtheria and croup, when the false membrane is forming, the child tears at its throat and puts its hand in its mouth.

A labored and half suffocated cry is the characteristic one in pneumonia and capillary bronchitis.

A brassy and metallic cry with crowing inspirations are characteristic of croup.

The so called hydrocephalic cry—sharp, shrill and solitary—is characteristic of cerebral disease.

Obstinate and continued crying usually denotes earache or hunger.

Squinting of the eyes denotes either reflex irritation, paralysis or convulsions when associated with acute illness.

Contracted pupils usually denote opium poisoning or active cerebral congestion.

Dyspepsia and intestinal irritation is denoted by a furred tongue, with spots of curd over its surface.

A red and dry tongue would point to inflammation of the mouth and stomach.

A tongue that is pale and flabby, if marked at the edges by the teeth, denotes great debility.

A heavy white fur usually indicates fever; yellow fur, liver and stomach trouble; brown fur, a low typhoid condition; strawberry tongue, scarlet fever.

Clay colored movements denote an inactive liver.

The weight of a child at five months should, if doing well, be double that at birth. At one year of age it will be three times that at birth.

The birth height is doubled at five or six years of age.

The chief anatomic and physiologic peculiarities of a new born child are that its stomach is small, its intestinal action is more rapid, its power of generating heat is small, its heart, brain and liver are large.

When a child is ten days old it should weigh the same as at birth.

The average daily gain in weight of a child should be two-thirds of an ounce.

Never take the temperature of an infant with your hand, but always use a fever thermometer either in the rectum or groin.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ACUTE PULMONARY OEDEMA.

By Edw. C. Rothrock, M. D , Philadelphia.

The literature of pulmonary oedema is scarce considering that it occurs quite frequently and that prompt intelligent medical treatment is imperative if fatal results would be avoided. The great danger is in its sudden attack without any warning. The patient may appear quite well, or may complain of being unwell, or may be afflicted with some heart trouble and a sudden attack of dyspnea is manifested, an untoward symptom that is seen in oedematous lungs. Pulmonary oedema may occur at any time under existing conditions and at a time when aid cannot promptly be obtained and may prove fatal from this cause, frequently the trouble ls not recognized until it is too late to render adequate relief. Persons appearing in perfect health are suddenly stricken, caused by valvular insufficiency; the heart weakens under the strain. The kidneys are frequently a factor, interstitial nephritis, uremia existing to some extent, and may occur at any period of Bright's disease, generally in the advanced stages of that trouble. It occurs sometimes in pneumonia and other pulmonary diseases and I have seen it frequently in malarial diseases.

The condition presented is terrifying and extremely distressing. The sufferer is propped up in bed supported by friends, gasping for air, suffocating, restless, trying to get releif by change of position, a profuse cold clammy perspiration covers the body, a pallor, cadaverous cyanosed appearance is present, lips livid, eyes sunken and turned appealingly for help, for relief that in some cases cannot be afforded by human aid. The pulse is rapid and weak, bronchial rattling and moist rales are heard over the chest showing the oedematous condition of the lungs. Incessant hacking, dry cough is present with very little expectoration, and what little is expectorated is a whitish froth which may at times be streaked with blood but gives no releif. A dilated heart is often found in such cases with a systolic murmur. Small arterial vessels are highly endowed with contractile and dilating power and in relation to the capillaries regulate the the blood supply to those vessels. This relation has the power of stimulating or sedating the hearts muscle by the existing condition of the arterioles, their contraction and dilation producing blood tension, or lessen that condition and is a force in the functions and frequently a factor in alterations that take place in the structures of the heart, By blood pressure, contraction of these vessels the blood is damned backward in the arteries. The heart is required to do double work to overcome the grertly increased resistance. This resistance if continued leads to hypertrophy of the heart. As sometimes seen in cases of arterial sclerosis, a loss of elasticity and rigidity of the arterial walls, Again the free dilatation of the arterioles sedates and lessens the work of the heart as resistance is less, and by producing this condtion causes rest in a dilated, feeble and exhausted heart. Therefore the condition of the capillary area is very important, its influence is not only exerted upon the cardiac symptoms and

conditions but upon the other pathological conditions existing. Within the heart's structure is contained the power of automatic and rhythmic motion by presence of the cardiac ganglia, this power aided by the irritability of the cardiac muscular tissue. This action, rhythmic, is independent to some extent of the nervous system but is controlled by the cerebro-spinal and sympathetic system and fibres from the vagus, originating from the fourth ventricle and upper cervical part of the spinal cord and causes inhibitory action. The acceleratory influence is given off principally from the cervical sympathetic fibres communicating with the vaso-motor centre in the medulla. The inhibitory influence slows and weakens but conserves the heart's force. The acceleration increases the force rate of contractions of the heart and may if continued exhaust its energy and end in a complete collapse. Persons "broken down" by excesses are liable as indulgence in alcoholic drinks, syphilis, chronic malaria, old nephritic cases, etc., yet in such conditions a toxic influence exists, operating on an vavular insufficiency existing.

Our attention should be called and efforts afforded as soon as possible for prompt relief and to use the drug or drugs that will relieve this untoward condition and ward off impending death. Atropine is one of the best drugs for pulmonary oedema; its action is exerted on the vagus, its terminal branches to the lungs. Atropine $\frac{1}{60}$ to $\frac{1}{100}$ grain hypodermically is frequently prompt to relieve and should be used in small doses, repeated as often as necessary. It is a cardiac, respiratory and spinal stimulant to the entire motor centre, dilating and increasing the capillary vessels and equalizing the circulation, lowering blood tension. In large doses atropine has contrary effect, heart rate becomes rapid, arterial tension is raised and circulation rapidly increases by stimulating the sympathetic and paralyzing the cardiac, inhibitory ganglia. Nitroglycerin is next to atropine if not as good used hypodermically, small doses $\frac{1}{100}$ gr. Nitroglycerin minute will relieve the spasm of the arterioles, is a vascular stimulant, dilating the peripheral vessels regulating and equalizing the circulation and lessening blood pressure and thus prevent internal congestion by paralyzing the sympathetic system or vasomotor centre or both. Tumultuous action, spasm of the heart is overcome by relaxation of its inhibitory apparatus. Hence, pulmonary troubles as cardiac asthma and pulmonary oedema, etc., are frequently relieved and cured by the aid to the general circulation. Nitroglycerin and atropine are similar in some of their effects. Manifested in small doses, a cardiac stimulant slows the heart's action. Strengthens its pulsations causing deep respiration, a regular pulse and lower blood pressure by lessening of peripheral restiance. Atropine has a decided selective action over the respiratory centres in the medulla, quickening and causing deep breathing. Atropine could be used alone or alternated with nitroglycerin. In alternative treatment we get the effects of two drugs which often is very useful. Venesection, "bleeding", has been recommended. We have never resorted to bleeding and would not unless the pulse were full, hard and great blood pressure. There are cases that cannot be saved by any treatment as the condition of the central organ is so debilitated by dilatation, vavular diseases, etc., that the heart will not respond to any stimulant. Remedies should be used hypodermically as time is precious and is wasted to give drugs by mouth. The stomach is slow to absorb and appropriate the remedy, most of it cannot be absorbed in the existing condition. By hypodermic the drug has effect in a few seconds. By

stomach before the drug can act the patient may die. We have been very successful in treating pulmonary oedema with atropine and nitroglycerin. If the heart's muscle is characterized by feeble pulse, frequent, irreglar, intermittent, insufficient contractions, small and fluttering pulse, then strophanthin $\frac{1}{60}$ to $\frac{1}{100}$ grains every ten minutes, hypodermically until effect, then at longer intervals. Its action is manifested quickly, more so than drugs of its kind. It acts with great energy and in small doses it is a powerful cardiac stimulant, increasing the force of the ventricular systole, raises blood pressure, and diuresis is produced. It acts through the blood direct on muscular fibre, increasing the contractile power of striped muscles. Large doses will paralyze the heart in systole. It relieves dyspnea. Strophanthin is a charming remedy in failure of compensation, aortic regurgitation, valvular lesions due to endocarditis processes and atheromatous changes.

Strychnin is also a good drug in small doses $\frac{1}{100}$ to $\frac{1}{150}$ grain. A stimulant to the spinal coard, reflex motor, vaso-motor and sensory, dilates the pupils by full dose, a stimulant to respiration, increases vision, a tonic, aids digestion, increases peristalsis, giving tone, strength to the walls of the intestines. It has an affinity, selective action for nerve matter, stimulating the multipolar ganglia in anterior columns; therefore a powerful stimulant to the respiratory, cardiac, muscular and nervous apparatus. In dyspnea from pulmonary troubles, cardiac failure, strychnin in small doses is often prompt to relieve. But we have, even when medical aid is had early in the attack of pulmonary oedema, a large per cent. will die, for pulmonary oedema tends to a fatal issue. Copious effusion of serum into the pulmonary tissues takes place and not only into the inter-lobular spaces but into the air cells, so that the patient's lungs are water-soaked and is literally drowned in his own blood serum. Whiskey or other stimulants have in nearly all such cases been administered before the physician's arrival, but has done little or no good. The congested and oedematous lungs still labor, and the churning moist rales still continue over the chest and suffocation is impending. Remedies can be given by mouth that may do some good, but resort may be had immediately to the hypodermic method of treatment. Prompt action is the motto in this trouble. Atropine is the mainstay; nitroglycerin can be used in alternation. If alcohol, ammonia, ether, or whatever drug is used, it should be used hypodermically and used every ten or fifteen minutes or every half hour as indicated until effect is had, then every two or three hours. The effects of the medicament should be continued indefinitely, or a day or two if needed until the safety of the patient is assured. We must not forget that the price of life is prompt and vigorous action in pulmonary oedema.

HINTS.

By C. E. Boynton, B. S., M. D., Los Banos, Cal.

A few stitches in the perineum of a primip or a careful search will usually prove to be required.

In applying dressing to the cut end of a finger do not use adhesive plaster but a stitch if required.

In 1228 Wohler produced urea synthetically from potassium cyanate that later was made from its elements.

No one can say where the possibility of chemical synthesis will end. The chemist is becoming a competitor with the cell.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PHOTOTHERARAPY.

In the earlier part of the year 1900 there appeared in the medical journals description of apparatus for the therapeutic use of concentrated sunlight, by Dr. Adams of California and Dr. Kime of Ft. Dodge, Iowa. Good results were claimed with a variety of ailments, chiefly affections of skin and superficial glands. The apparatus, a combination of concentrating lenses, prisms, reflectors and colored glasses, was rather cumbersome and probably quite expensive. Since this first notice nothing more has been heard of the method. About the same time a Danish physician, Niels Finsen, came before the public with a treatment for lupus &c. by concentrated solar rays. Owing to financial support by the government his method has been perfected and is at present a well organized system. It has the disadvantage, however, of being very expensive and therefore accessible to the few. Of its value there can be no doubt. It is then a matter to be thankful for, that a Russian surgeon, Prof. A. W. Minin, has recently given us a new method, simple, cheap, effective. Not the sunlight is being used by him, but the ultra violct rays of the ordinary electric light. The apparatus, placed into the market by Frank S. Betz of Chicago, is extremely simple, portable, can be attached to any electric light socket, and very cheap. If the claims made for the ultra violet rays prove reliable—and there is no reason to doubt it—they will soon become a formidable rival to the X-ray. The same field is covered by both of them, perhaps with the exception that as yet the violet ray has not been credited with the cure of cancerous growths. Reports available to date indicate a wide range of usefulness. A principal result is the marked anesthetic effect. Some cases of gonorrheal arthritis, e. g., are reported in which the acute pain would not yield to strong narcotics, but gave way promptly on exposure to the ultra violet ray. Hemorrhagic effusions, white swelling, chancre, lupus were readily cured. The method is in its beginnings and we should not be astonished, if on further experimentation, it is shown to to be applicable to a far greater number of diseased conditions, including the various foreign growths, benign as well as malignant, and perhaps tubercular foci. The penetrating power of the actinic rays of the solar spectrum can be demonstrated by the use of photographic paper.

BUTTERMILK AS AN INFANT FOOD.

The problem of the artificial feeding of infants engages constantly the best minds in the medical profession. The general practitioner is constantly brought face to face with it and, meeting with frequent failures in the use of various, though scientifically correct mixtures, is always eager to learn of new methods. To now find buttermilk recommended as such a food. is truly startling. Buttermilk is strongly acid, rich in albumin, a most devoid of fats, just about the contrary that we have been taught to require of a desirable infant food. The recommendation would probably be passed by as a mere medical curiosity, did it not come from such an eminent authority

as Prof. Baginski of Berlin, the foremost teacher of children's diseases in Germany. The importance is testified to by the fact that Pediatrics, the leading American publication on this line, reprints Baginski's communication from the British Medical Journal. We need offer no excuse for giving our readers a short abstract of the article.

Buttermilk has been in common popular use as an infant food in Holland, but was first brought to scientific notice by a Dutch physician in 1895. Many favorable reports from an undoubted source were necessary, before Baginski was willing to set aside his food mixture, based on strictly scientific research, and try this seemingly irrational one in the children's hospital under his charge. The results were so pleasing, that buttermilk has forced all other methods of feeding to the background in the institution. It is liked by the children and is especially adapted to the dyspeptic infant. The buttermilk is quickly made from pure cream, to each litre are added 15 to 25 grams of wheatflour and 35 to 50 grams of cane sugar. With constant stirring it is boiled for at least two minutes, then poured into sterilized bottles and put on ice. Of 180 cases fed upon the mixture in 150 results were excellent. Some of the children were taken directly from the breast. All took the buttermilk well and gained weight, so that one may conclude that buttermilk may be used as a substitute for mother's milk.

The great value of buttermilk shows itself in the case of acute dyspepsia, up to the severe grades of enteritis, with vomiting and diarrhoea. It is well borne, even in the severe cases, soon after giving the intestinal tract the needed physiologi al rest. Excellent results were observed in cases of chronic enteritis and in those which seemed almost atrophic and marasmic. A series of observations prove this, showing a constant and steadily progressing gain in weight. Such results Baginski obtained with great regularity, in children of varying ages. The improvement was manifested in the character of the stools, the weight and general appearance of the children. In very young children starch was often found in the feces, hence dextrinized flour was used in their cases. Baginski draws the following conclusions from his experience.

(1) Buttermilk is a good food for acutely and chronically sick children.

(2) Prepared buttermilk is well borne soon after attacks of acute dyspepsia and summer diarrhoea.

(3) In chronic diarrhoea and chronic enteritis cases it may be looked upon as a life saving preparation.

(4) In the cases that I have observed for a long time, I have never seen disturbances of nutrition, such as rachitis or scorbutus develop.

BALNEOTHERAPY.

Scientific bathing is a useful therapeutic measure. The Philadelphia Medical Journal abstracts an article on this subject by Baeumler:

Bathing affects the nervous and circulatory systems of the skin. Hot baths cause vasomotor dilatation in the skin, with relative withdrawal of blood from internal organs. After the bath this process gradually becomes reversed. This assists the assimilation of food, causes the ingestion of more food and increases the body weight, when regularly repeated over a long period of time. Cold baths, with actve exercise, cause peripheral vasomotor constriction, followed by a gradual dilatation. Exercise has a similar, but localized effect. Baths are of most benefit in the infectious diseases for reducing temperature and overcoming nervous symptoms They are also indicated for chronic inflammatory changes, circulatory disturbances, venous stasis, etc.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

UNUSUAL FRACTURE CASE.

About six weeks ago I was called to attend what appeared to me rather a peculiar case: A devout and highly respected old gentleman about 80 years of age, while attempting to rise from his knees, whence he had been conducting family prayers, suddenly felt the muscles of his left arm give away followed by a complete fracture of the arm at the junction of the lower and middle thirds of the humerus; at the moment, he was assisting himself to rise with the arm by placing his elbow on the arm of his chair. He neither fell nor slipped, the weight thrown on the bone by rising being sufficent to cause a fracture. For several years he has been a rheumatic subject, principally affected in the lower extremities. My explanation of the matter was that his muscular power failed him entirely at the moment leaving the bone unsupported and probably receiving also a slight twist. About one week ago, while he was standing beside his bed he experienced the same sensation in one leg i. e., that of the "muscles giving away" as he expressed it, and he fell on the bed with no other bad results than the loss of the use of the leg for several days.

My treatment under which he improved nicely consisted in strychina $\frac{1}{10}$ grain daily in divided doses, massage and electricity. His appetite improved strength reappeared and use of leg gradually was recovered. Regarding the fracture, bony union has taken place, treatment being ordinary splints and bandage, inspected every week by removal of same. The arm now feels to him stronger than before and he needs continual caution against the use of it. He has good control of elbow and all the muscles of the arm.

H. O. B. Young, M. D.,
Gurnee, Ill.

CONVULSIONS AND DOSAGE.

Was called by phone Nov. 12 to Mr. B. S. Was not surprised to find Dr. H. just arriving, as he was the family physician. On entering the house we found half a dozen ladies crying and everything in commotion. The patient was a little two year old girl in a very hard convulsion. I made an examination of the little patient, but requested Dr. H. to proceed with the treatment as I knew that the call had been sent me through excitment.

We found the little patient—but wait and let me give you the treatment as given by Dr. H:—2 teaspoonfuls Peacocks bromides, 15 gr. calomel, hypo. injection, $\frac{1}{10}$ gr. apomorphine, and $\frac{1}{8}$ gr. morphine sulph., 5 drops tr. aconite, 2 oz. castor oil in $\frac{1}{2}$ oz. olive oil, 2 pints warm water per rectum, 2 oz. glycerine in 1 pt. warm water. Applied a mustard poultice to the whole abdomen and had the skin over the spinal column well rubbed with mustard and spts. turpentine.

"But the child recovered."

I confess that I demurred several times to the doctor but, he persisted and the family begged me to remain which I did for about six hours. in time which all the above treatment was given to the patient.

Dr. Fair (see Oct. Recorder page. 331) thinks that you must wait for certain specific indications and meet them or your patient will die. Will he be so

kind as to give the specific indications that called for the above treatment, as he infers in the above mentioned artical of his that I don't know how. Dr. F. seems to think that we have all the time we want and can cross our leg, smoke, tell a few jokes and wait for specific indications, while the little patient has two or three hard convulsions but he would soon lose the confidence of the excited family and their friends and, so far as they and their influence could go his name would be "Dennis" in the future.

In my article (see Aug. Recorder page. 257) I did not say how long the patient lived, but in one hour and twenty or thirty minutes I had given the first patient ½ drop tr. veratrum, $\frac{1}{32}$ grain morphine sulph. ½ drop tr. gelsemium and about 25 grains bromides, and I think that if the doctor had come anywhere near waiting for the specific indications the family would have thought him a little dilatory. Second patient same in four or five hours. I confess that I have never been much nearer Drs. Hippocrates, Hahneman, Thompson and Beach, than I could get through, Flint Bartholow, Shoemaker, Hare, Star, Bastian, Ringer, Waugh, J. Madison, Taylor, and Boer. But I feel the responsibility of my position and now get twelve paid for Journals every month, and read them too, though I sometimes want the help of the fraternity.

F. G. Thomason, M. D.
Kissimmee, Fla.

THE OMNIVEROUS DIGESTANT.

Some sixteen or seventeen years ago, while sojourning amongst the natives of the Guinea coast of West Africa, some of my native friends introduced me to the paw-paw. Not the luscious Wabash valley product, but the African paw-paw, which grows on large trees, and which is known to the civilized world as carica papaya. On several occasions I had seen the cook drop pieces of the paw-paw fruit into the pot when the meat was boiling. When asked why, she told me it made the meat tender and easy to chew. Later I had the pleasure of ingesting paw-paw pie, made by a Liberian cook. Before long it dawned upon me that a piece of paw-paw pie was a good thing with which to close a feast; it prevented indigestion or dyspepsia.

Upon my return to the United States in 1887 I found that the paw-paw was undergoing a therapeutic study, the result of which was a product now sold as papoid, also as caroid. Chas. Roome Parmale is responsible for both, I believe. Never having had any great faith in pepsin, and knowing its limitations, I at once started to testing papoid. I found it to work as well as the fresh fruit just plucked from the tree, and since that day I can count on my fingers the total grains of pepsin I have used—also the number of pounds of papoid and caroid. My experience has proved to me that papoid will digest any food under any circumstances, be it hot or cold, raw or cooked, animal or vegetable, acid, alkaline or neutral, wet or dry. At any time and at any place it is always ready for action, and it acts.

A digestive powder which I have used for a long time, which has given joy to hundreds of dyspeptics and brought peace to many homes is compounded thusly:

℞ Papoid, ʒj
Soda chloride, ʒij
Soda bicarb, ʒiij
M. Sig. Five grains at a dose during or just after eating.

The patient can sprinkle this powder over the meat and vegetables as he

would salt, or if preferable can wait until the meal is finished and then take the powder with a swallow or two of cold water. Warm water with a salty tasting substance is very apt to cause nausea and vomiting, resulting in total loss of both powder and meal. Caution your patient on this point.

Many cases of stomach trouble call for something besides a digestant. Where there is biliousness, a lazy liver or a sluggish alimental canal, I frequently add from one-tenth to one-half a grain of calomel to each powder. If a gentle stimulant is needed add a grain of capsicum or ginger to each powder. There are quite a number of gastric, hepatic and intestinal correctives, adjuvants, etc., which can be added to the powder p. r. n. without detracting from its merits.

The prescription given saves the busy doctor many hours of worry and study over a class of patients who do not as a rule appreciate unusual efforts to relieve their distress. It does away with the necessity of a fine, hair-splitting diagnosis as to the exact species of indigestion you have to deal with. The soda chloride will supply a deficiency of hydrochloric acid, the soda bicarb will counteract any hyperacidity; it is the omniverous digestant. Try it once.

RALPH ST. J PERRY, M. D.
Farmington, Minn.

A REMARKABLE CASE.

A woman aged 42 contracted gonorrhea from her husband and was treated for some time by their family physician without perfect success. He finally advised her to come to me as a specialist in such cases, which she did. I had not much trouble in curing her of her gonorrhea, which, by the way, had developed into vaginitis metritis and endo-metritis, which was comparatively easily overcome, but I had an unsatisfactory experience with a serious cystitis and urethritis, which caused her much pain in urinating and which was very offensive. I gave tritica, which helped her some but did not cure, so concluded to put her on the following:

℞ Oil eucalyptus
Oil erigeron pure, aa ʒj
Infusion marsh mallow, one-fourth glycerine, ℥ij

M. Sig. One-half teaspoonful every 4 hours.

This soon corrected the cystitis and bad odor of urine but did not relieve the urethritis satisfactorily, so concluded to try the crayons for such uses prepared by the Norwich Pharmacal Co., of Norwich, N. Y., and by means of an applicator invented by them introduced a fresh crayon every night on retiring and after stool in the morning, to be retained as long as convenient, which course relieved the urethritis and my patient was cured. However, I instructed her to continue the internal remedy for 30 days longer and on first indication of urethral trouble to return for further treatment, but has not done so after a lapse of now fifteen days.

In speaking of the applicator I must say it is a most useful little affair and should be in every physician's armamentarium. I would not be without it for ten times its cost, viz., 50 cents. The crayons are a fine combination of medicaments in such cases.

CORRECTION.

In the prescription on page 368 the amount of potassium iodide and chloral hydrate should read aa ʒij instead of aa ℥ij.

DR. WILLIAM B. MANN, PH. G.
1570 Asbury Ave., Evanston, Ill.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor and Publisher, Janesville, Wis

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Vol. 5. DECEMBER, 1902. No. 12

INVESTMENTS.

The representative of a certain gold mining company recently called on us and told us that his company had an almost unlimited supply of ore which certainly contained a large per cent. of gold, that they had a small mill in operation and were close to transportation. All they wanted now was to sell some stock to enlarge their mill. We told the gentleman to call on a friend of ours who had been in the mining business and was thoroughly informed on the subject and we were sure that he could sell a good block of stock if he could "deliver the goods." Did the solicitor go near the mining expert? Not much. He did not want to see a man who understood mining. There are many more solicitors just like him going around the country gathering up hard earned dollars. The dollars which a doctor really gets into his pocket come too slow and hard to be thrown away. Before you leap into mining schemes be sure you have something good. There are good mines but there are many more bad ones. Investigate thoroughly before you invest a dollar in mining speculations.

EDITORIAL NOTES.

Just one year ago we stated that 1902 promised to be the greatest year in the existence of the Recorder and the prediction has been fulfilled. The Recorder is stronger than ever before in every respect. The subscription list has grown steadily until we now send copies to over five thousand doctors each month. Our subscribers are in every state in the union and in many foreign countries. We appreciate the support given us by our professional brethren and wish that we had space to print the many kind letters we receive commending our work.

This number closes the fifth year of the publication of our magazine. As in the past our aim will be to give a still better magazine next year. During 1903 we shall have regular contributions from many able writers and we can assure a volume of over four hundred pages of good, practical reading matter. We wish all our readers the same good cheer and good fortune which have been the lot of the Recorder.

A medical journal, such as the Recorder, is well worth binding. Such a volume is frequently referred to by the practical, working physician. We bind the Recorder in leather and cloth for sixty-five cents per volume and return the volume prepaid. We bind magazines of all kinds in various styles, at reasonable rates. When only one or two volumes are to be bound, they can be sent cheaply by mail. The postage on unbound copies of regular publications is four cents per pound.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

A TEXT-BOOK OF THE SCIENCE AND ART OF OBSTETRICS.—By Henry J. Garrigues, A. M., M. D. Consulting Obstetric Surgeon to the New York Maternity Hospital; Gynecologist to St. Mark's Hospital; Professor of Obstetrics in the Post-Graduate Medical School (Retired); Honorary Fellow of the American Gynecological Society; Honorary Fellow of the Obstetrical Society of Edinburgh; Ex-President of the German Medical Society, &c. Pages 750. Illustrated. Cloth, $5.00. Philadelphia and London. J. B. Lippincott Company,

The name of Garrigues has for many years been of such excellent repute in the medical world, that a new book from his pen on one of his specialties is sure to be received with high expectations. They are fully realized by the book before us. A text-book on obstetrics necessitates a going over much old and familiar ground. These topics, as the conduct of normal labor, its mechanism the different presentations and positions, various complications and commonest obstetric operations, have been treated so as to form interesting and profitable reading for the older physician, who wishes to refresh his memory, and be instructive to the student and beginner. The language is simple and direct, the directions always clear ane definite. The work being intended for a text-book, its author has avoided filling it with embarrassing detail and entering into mere speculation or scientific controversy. Only in the chapters on modern Cesarian section has he gone at length into theoretical as well as practical considerations. Garrigues was the first American physician to perform the revised operation of symphysiotomy and thinks "that it ought to be performed much oftener than it is in America." When, speaking of this subject he says that the "obstetrician in charge of such an important institution as a lying-in hospital owes greater allegiance to science than to anything else", he tries to establish a dangerous principle. Exception might be taken from his dictum "that nobody should undertake the operation, who is not an operative gynecologist or a general surgeon with obstetric experience." But some allowance must be made for the specialist's bias. Modern medical advances and their application to obstetrics find everywhere in the book due consideration and careful, critical weighing. Altogether a wholesome spirit of conservatism prevails, even in the advocacy of symphysiotomy, and shown for instance, where the recently praised treatment of placenta previa by laparotomy is spoken of. We are reminded that a comparison on one hand of the favorable statistics of Cesarian section, obtained by the greatest operative obstetricians, with the old ones on the other hand resulting from the vaginal treatment of placenta previa is hardly fair and that modern methods of management give much better results. When Garrigues says that "in private practice we should chiefly be satisfied with antiseptic obstetrics and not aim at an asepsis which gives needless trouble, which most of the time will be found impossible and which is not necessary for perfectly satisfactory results", he will meet hearty approval from the general practitioner, especially in the country.

The publishers' part of the work has been done very creditably. The paper is good, print clear, proof-reading careful. The numerous illustrations, for the most part new ones, are excellent, colors subdued and natural. The book

deserves high commendation and will prove a safe guide both for the medical student and the experienced practitioner.

A TREATISE ON MASSAGE.—Its History, Mode of Application and Effects, Indications and Contra-indications. By Douglas Graham, M. D., of Boston, Mass., member of the American Association for the Advancement of Science, of the American Medical Association, of the Massachusetts Medical Society, etc. Third Edition, Revised, Enlarged. Pages 462. Illustrated. Extra Cloth, $4 00. Philadelphia and London. J. B. Lippincott Company.

This is one of the important books of the year. Every physician should be familiar with the principles and technic of massage, but few are. If physicians would study this work and apply its teachings there would be small field left for the osteopaths, magnetic healers and similar healers. The fact cannot be denied that these healers sometimes make cures where physicians have failed with medicines. These successful cases are those where massage is indicated and gives results. Massage properly applied by a physician of skill and education would be far more effective than as applied by uneducated practitioners. Physicians should not ignore this important subject.

The history of massage is given in an interesting manner. The physiological effects of massage are described in detail and so clearly as to be thoroughly understood. Then the application of massage to various diseases is given. Massage of the various organs, as the eyes, ears, nose and throat, is presented. The author is an enthusiastic believer in massage and has evidently proven his faith by his clinical experience.

The book is illustrated by numerous plates taken from photographs of living subjects, showing the correct methods of applying the hand in massage. The presswork of the book is above criticism.

A HAND BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS.—Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription Writing. By Sam'l O. L. Potter, A. M., M. D., M. R. C. P., Lond., Formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Author of the "Quiz-Campends of Anatomy and Materia Medica", etc.; Major and Surgeon of Volunteers, U. S. Army. Ninth Edition, Revised and Enlarged. Pages 951, with Thumb Index. Cloth, $5.00 net. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St.

Dr. Potter's name has been so long identified with works on materia medica that "Potter on materia medica" has become authoritative. The revision of this edition was done while the author was serving as surgeon in the U. S. Army in the Philippines. This edition contains material grathered from his experiences in active professional practice in a tropical climate, among soldiers and civilians, men, women and children, during a period of over three years.

In the section on materia medica thirteen articles have been rewritten and forty new articles added. Some of the new remedies added to this edition are actol, airol, creosotol dionin, eucaine, glycerophosphates, heroin, iodomuth, iodothyrin, orthoform, passiflora, peronin, protargol, urotropin, xeroform. In the section

on therapeutics thirty-two articles have been rewritten and thirteen new ones inserted.

In the section on materia medica in describing an important drug, its physicial properties and chemical constituents are first briefly enumerated, then its preparations, both official and unofficial given. Next the physiological action is taken up, its characteristic features being first described; then the actions resulting from an ordinary medical dose, next those produced by small doses continued, and finally those from a toxic dose. These are followed by a brief account of its antagonists, antidotes and incompatibles. A concise summary of therapeutical applications closes the article. The whole presents a clearly defined word-picture of the drug under consideration.

The second part of the book is devoted to pharmacy and gives valuable help to the physician who wishes to prepare his own medicines.

The third section of the work presents special therapeutics in the form of an alphabetically arranged index to the treatment of diseases as laid down by the most recent authorities. In this part many valuable formulae are added.

The book has a very complete index which is especially necessary in a work on materia medica. Every practitioner, young or old, can derive great help from this scholarly and practical work.

GENERAL MEDICINE.—Edited by Frank Billings M. S., M. D., and J. H. Salisbury, M. D. Volume 1, Second Series of the Practical Medicine Series of Year Books, under the general editorial charge of G. P. Head, M. D. Pages 358. Illustrated. Cloth, $1.50. Chicago. The Year Book Publishers, 40 Dearborn Street.

The success of the first series of year books has encouraged the publishers to immediately begin the publication of the second series. The volume presents abstracts of the work of the best writers in the world during the last year and the editors' notes. The following subjects receive special attention: Tuberculosis, pneumonia, pleurisy, bronchitis, diseases of the heart, diseases of the ductless glands, eruptive fevers, rheumatic fevers, gout, blood diseases, diseases of the kidneys. The book presents a large amount of practical information in a condensed form. The paper, printing and illustrations are all good, being a great improvement over the volumes of the first series. The price of the entire series of ten volumes, one being published each month, is $7.50.

THE PHYSICIAN'S POCKET ACCOUNT BOOK.—Consisting of a manilla-bound book of 208 pages and a leather case. By J. J. Taylor, M. D. Price, $1.00 complete. Subsequent books to fill the case 40 cents each, or 3 for $1.00. Published by the Medical Council, Twelfth and Walnut Streets, Philadelphia.

This is a pocket system of bookkeeping which meets all legal requirements. This book requires no posting or re-entry. Each account is separate and distinct on its own page. Once writing the charge or credit completes the transaction. Having it with you at all times, you can enter the charge during a moment of waiting—for your horse to be brought around, or during any of the unoccupied intervals—so that when you get back to the office your accounts are already entered, and at the very best time possible—immediately after each transaction has occured.

BOOK NOTES.

The Denver Chemical Manufacturing Company, New York, is sending a neat little pocket calendar to physicians. It represents a package of antiphlogistine which when opened shows the calendar for 1903.

Conkey's Home Journal for December has for its leading article "A Great Day at Washington," by John K. Jerome. The article describes the opening of Congress and is well illustrated. Christmas stories and many articles on home affairs make a good number.

The Success calendar for 1903 is a twelve-page folder, each page being a reproduction in colors of a Success cover. Each month Success has a new and original cover design. The calendar can be obtained free by writing to the Success Co., University Place, New York.

The Antikamnia Chemical Company always sends physicians at this time of the year an elegant calendar. We have received the "Helen Hyde Calendar" for 1903, which is a work of art. It is a reproduction of Helen Hunt's celebrated water color entitled "His First Temple Offering." If you have not received a copy of this beautiful calendar, you will not regret taking the trouble to write for one.

We made mention of Merrell's Index of Posology in our October number. Many of our readers sent for a copy but it could not be supplied as the edition has been exhausted. A new edition will be issued in February which will be enlarged and revised. This is a very valuable little book and a copy of the new edition will be mailed free to any of our readers who apply to the H. M. Merrell Co., Cincinnati.

McClure's Magazine for December contains a great variety of entertaining and instructive matter. The leading article is the second chapter of Miss Ida M. Tarbell's "History of the Standard Oil Company." John Mitchell furnishes a strong article, "The Coal Strike." John La Farge writes on "Durer" illustrated with reproductions in tint of Durer's engravings and paintings. The number contains many Christmas and other stories. McClure's has recently been enlarged, each number now containing 112 pages of reading matter.

The holiday number of the Book-Lover is a delightful magazine. It is beautifully printed and handsomely illustrated and contains a wealth of good literature and book lore. Some the contents are "Literary Treasures of our National Library;" "Book Plates," "English Lyrics," by Prof. H. A. Beers, of Yale; "A Verona Book-Vender" by Prof. Arlo Bates; "Christmas at Gadshill," by Percy Fitzerald. It is published by The Book-Lover Press, 30-32 East 21st St., New York. The price of the number is 35 cents.

Miss Maude Roosevelt, a cousin of the president, and an actress as well of considerable vogue, contributes the monthly complete novel to the Christmas number of Lippincott's Magazine. "The Prince of Fame" proves that fiction is by no means the least of Miss Roosevelt's accomplishments. She turns a brilliant searchlight on New York society life with infinite skill. In addition to the complete novel there are many short stories, several papers suited to the glad season, much good verse, and the usual diverting "Walnuts and Wine."

The December Everybody's Magazine is a good number of a good magazine. Marie Van Vorst in

the fourth article of the series on "The Woman that Toils," shows the terrible conditions of the employees of the southern cotton mills. Booker Washington continues his articles on "Work with the Hands," "Jefferson's Great Day," by Alfred H. Lewis, gives vividly a description of the first Independence Day and Jefferson's part in the drama of the American independence. The number contains many other articles, fiction, poems and illustrations.

"Diabetes Mellitus and Its Treatment and Cure" is the title of a brochure which the Chas. Roome Parmele Company, of New York, has just published. It contains clinical articles by fifteen well known physicians, residing in various parts of the country, who have thoroughly tried arsenauro in the treatment of diabetes. These reports show very satisfactory results and some remarkable cures. Some of these articles have already appeared in leading medical journals. The articles are here arranged so as to make a valuable treatise on diabetes which should be read by all practitioners.

The December (Christmas) number of "Success" seems to anticipate and meet the wants of a large number of readers. The current issue contains six good stories. The Right Hon. James Bryce, M. P., in an interesting paper, tells Americans how they may avoid mistakes that European monarchies make. "Chemistry in Modern Business" is a timely paper by Howard C. Parmelee. In "How to Get the Best out of Books" Richard Le Gallienne presents some instructive and hitherto unknown methods, useful to all readers. "A Journey of Fifty Years to a Presidency" is the life-story of Robert C. Clowry, president of the Western Union Telegraph Company. These are a few of the leading articles.

It is a peculiar fact that all the letters and other writings of De Quincey, Carlyle, Darwin, Huxley and Browning, liberal as they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the casual factors of those physical conditions. That the opportunity has not until now been recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's Biographic Clinics, (P. Blakiston's Son & Co., Philadelphia,) which is devoted to this neglected subject should, therefore, prove a most unique and valuable contribution to biographical and medical literature. The work is announced for publication in December.

Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well known, a life of suffering which made almost every day a torment, and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered morbid. The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly and the conclusion reached by him, from logic and from a careful summary of the clinical symptoms, is that each of the writers suffered from eyestrain, and that scientific correction of their ametropia would have transformed their lives of mystery into lives of happiness. A history of the discovery of astigmatism and eyestrain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Hotel and Hospital.—A hospital with suites for guests and sumptuous wards for patients is soon to be erected in Chicago, at a cost of $400,000, exclusive of land, furnishings and equipment. The hospital will be known as the Shore Inn, and will be 11 stories high. Eighty of Chicago's leading physicians have each subscribed for $5000 worth of stock. This will be a hospital where a patient can bring his family and friends and install them in luxurious suites in the building where he is being treated.

Walter Reed, M. D.—In the death of Major Walter Reed, U. S. A., Nov. 23d the country loses a distinguished officer and an eminent and practical sanitarian. He was born in 1851, graduated from the Medical Department of the University of Virginia in 1869 and from Bellevue Hospital Medical College in 1872.

He entered the army in 1875 as an assistant surgeon. He organized and conducted the pathological and bacteriological departments of the Army Medical School. He did much original work in investigating the part the mosquito takes in transmitting yellow fever. His work in this one line is of incalculable value to the world. He demonstrated that warfare on the breeding places of the culex and protection by mosquito nets will prevent the spread of yellow fever. Dr. Reed's death was the result of appendicitis.

Gonorrheal Ophthalmia.—This disease destroys many eyes which could be saved by early and energetic treatment. Dr. W. M. Cowgill believes in aborting the disease. His method of doing this is constant cleansing with boric solution, iced cloths applied frequently and instillation of protargol solution every four hours. Dr. Cowgill writes in the Am. Pract. and News:

As to remedial agents, I would not advocate the indiscriminate use of solutions of nitrate of silver. But since we have in protargol an innocuous and non-caustic agent of high germicidal power, and it is claimed the property of penetrating tissues deeper than agents like silver nitrate or bichloride of mercury, that exert but superficial action on account of their coagulability —an agent that can be put into the hands of the patient with safety—I would advocate the use of this agent in efficient strength, from twenty to thirty per cent solution, to be used from five to six times a day, in every case of blennorrhea seen in its incipiency where there is the slightest suspicion of gonorrheal infection, and give the patient the benefit of the doubt.

Feeding of Young Children.—The following excellent rules for the feeding of young children, given by Gilman Thompson in his "Practical Dietetics," should be scattered widely and might find a place, in the form of mottoes, on the walls of the dining-room of every household:

(1) Allow time for meals.

(2) See that the food is thoroughly masticated.

(3) Do not allow nibbling between meals.

(4) Do not tempt the child with the sight of rich and indigestible food.

(5) Do not force the child to eat against his will, but examine the mouth, which may be sore from erupting teeth; and examine the food, which may not be properly cooked or flavored. If good food is refused from peevishness, merely remove it, and do not offer it again before next meal time.

(6) In acute illness reduce and dilute the food at once.

(7) In very hot weather give about one-fourth or one-third less food and offer more water. The young infant depends wholly on animal food and derives the necessary carbon from the sugar of milk. The older child lives on animal food in part only, and begins to derive additional carbon from bread and other cereal foods.

Treatment of Fractured Patella.—One of the most annoying fractures to treat is fracture of the patella. Dr. R. Bruce James, of Danville, Va., has hit upon a simple and efficient way of treating these fractures which will be used by practitioners to great advantage. He read a description of his method recently before a medical society and we are pleased to present the following extract from it as published in the Virginia Medical Semi-Monthly:

In a brief way, I wish to call attention to a method of setting and treating a fractured knee-cap devised in an emergency, which, for simplicity, safety and effectiveness, far surpasses any other method to which my notice has been called.

The apparatus consists of a flexible rubber ring, three pieces of adhesive plaster and a bandage.

I hold in my hand a ring formed by a spiral spring, covered with rubber. We are all familiar with it as a rubber ring pessary. It can be procured at almost any drug store, of different sizes, so as to fit any knee-cap.

Its application is simple. The patient is put to bed; the knee is placed in extreme extension, then the fragments—be they two or more—are brought together. When the greatest degree of approximation possible is obtained, the ring is slipped over the projecting patella. The ring will easily keep the fragments in position so long as it is held in place, which is accomplished by attaching two strips of bandage or rubber adhesive plaster to the sides of the ring and carrying these around the point and fastening in the rear. A sufficient degree of tension should be exerted on these strips so as to insure the position of the ring. Two other strips of plaster should be fastened to the thigh and leg—passing diagonally over the ring. A light figure of 8 bandage" over all completes the operation. The limb is placed at an elevation by means of a board that extends from the hip joint to the foot board of the bed. Moderate cold is applied by means of ice bags. The position is maintained four to six days—till all spasmodic contraction of the quadriceps ceases, and the parts are free from swelling and pain. Then with a light rear splint, added for safety, the patient can go about on crutches, or sit in a chair with his leg extended. The "figure ef 8 bandage" can be removed at any time, without molesting the fracture, and thus you can, at a moment's notice, ascertain the condition of affairs. The ring soon makes for itself a snug bed around the injured bone which it holds close in its embraces, and the surgeon realizes that there is little cause for uneasiness as to the proper coaptation being maintained. By thorough cleaning of the skin and ring with soap, water and alcohol, before using, there is no danger of excoriation.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

NOSE AND THROAT AFFECTIONS.

By C. H. Powell, A. M., M. D.

Professor of Physical Diagnosis and Clinical Medicine, Barnes Medical College, St. Louis, Mo.

Now that the season of the year is upon us at which time disturbances of the nose, throat and lungs are predominant, an article calling attention to the different affections, their causes, pathological characteristics and treatment, is certainly of practical importance. Nasal involvement is the most common morbid phenomenon we meet with, of every degree, from simple congestion of the Schneiderian membrane to ulceration, hypertrophy, and deflection of the nasal septum. One of the first symptoms that a trouble exists in the nose is indicated by the presence of abnormal nasal discharge.

There is a class of patients who are sufferers from a chronic nasal discharge whose condition is due to the occupation engaged in; thus, those who work in factories where the air is continually loaded with dust and debris, being constantly exposed to the irritating influence of these particles the nasal disturbance is perpetuated. In this class of cases the same plan of action is preferable, namely, first, thorough cleansing of the nose with glyco-thymoline solution in a twenty-five per cent. solution and the after application of an unguent.

There is still another class of cases that are very persistent in resisting different kinds of treatment. I refer to what is technically known among the people as chronic nasal catarrh. In this class of subjects the pathological state of the nose is to be carefully inquired into, as the catarrhal discharge is only a symptom of something else; this something else constitutes the disease to be treated. In one case it will be found to be an hypertrophic rhinitis, in another a stenosis of one of the nares from the deflected septum, and in a third case, especially in the case of a child, the presence of a foreign body, a tumor, or a polypus, Treatment of the nasal discharge, therefore, to be efficacious should consist in directing attention to whichever one of these or other conditions are found to be responsible for the catarrh. In all cases, however, due to whatever cause, the action of glyco-thymoline has impressed me most favorably. I will outline a half dozen cases wherein I have derived the most gratifying results from this remedy.

Case First. Acute Rhinitis.—A lady consulted me with a very bad cold which had been persisting to her intense annoyance for several days. She called upon me in the belief that the difficulty was increasing instead of diminishing. Posterior nasal washing was at once done, and using glyco-thymoline in warm water, one part to six, and the nasal fossae sprayed with cocaine solution, and advised to apply with atomizer three times a day. Recovery was prompt and thorough under its use.

Case Second. Hypertrophic Rhinitis.—This case was in a man who worked outdoors in all kinds of weather. In addition he was an inveterate tobacco user, smoking as many as two dozen pipes of tobacco daily. He was also subject to great

relaxation of the pharyngeal structures, had a cough, enlarged tonsils, and was a terrible snorer, sleeping with his mouth open. This patient was treated with glyco-thymoline in solution, and the throat frequently gargled with a fifty per cent. solution of the same remedy. Internally, quinine, iron and strychnia were given him, and he was advised to lessen the amount of tobacco he used. He was also told to dress more warmly. The outcome of the case was slow, but an uneventful recovery took place.

Case Third. Tobacco Pharynx.—This patient came to me for an annoying cough, which upon inspection I discovered was due to an intense hyperaemia of the pharyngeal structures. He was given a twenty-five per cent. solution of glyco-thymoline and instructed to gargle his throat often with the medicine. I saw him a week later and he advised me that very much to his own and his wife's delight the cough had entirely disappeared.

Case Fourth. Diphtheria.—I have used glyco-thymoline in cases of diphtheria with good results. My favorable combination is composed of hydrogen peroxide and glyco-thymoline, 50 per cent., for use in the atomizer every hour or so. Although mentioning this under case fourth, I will not specify any particular case, as I employ this prescription in all cases of diphtheria. Of course, glyco-thymoline has no specific influence in diphtheria other than a strong, reliable and harmless antiseptic.

Case Fifth. Chronic Gastritis.—Having satisfied myself of the signal utility of glyco-thymoline in the previous conditions outlined, determined to test its efficacy in the operation of lavage. A few days ago a conductor on a street railway in St. Louis, came to my office complaining with chronic gastric disease. He had a foul, coated tongue, and said he always felt bloated after meals. I employed lavage, using sodium becarbonate and glyco-thymoline, two tablespoonfuls of soda and six tablespoonfuls of glyco-thymoline to a quart of hot water. The patient experienced so much relief from this remedy that he returned unsolicited four days later and asked that I repeat the process, which I did. He sent several other railroad men, and the results in each case were the same.

Case Sixth. Acute Cystitis.—A gentleman who sustained a injury to his spinal column, from suddenly alighting from his bicycle, and as a result paralysis of his lower extremities in which his bladder participated, was troubled with acute cystitis and its concomitant evils. For the correction of this the bladder was irrigated with a tablespoonful of boracic acid to a pint of water. It was not necessary to repeat this process more than three times when the relief was established, frequent micturition disappeared and necessity for the continued use of the catheter was obviated. These cases demonstrate beyond peradventure of a doubt, the therapeutic efficacy of glyco-thymoline as a remedial agent.

OBSERVATIONS ON ANAESTHESIA OF THE DRUM MEMBRANE.*

By Geo. B. McAuliffe, A. B., M. D.

Oculist and Aurist, Red Cross Hospital, Northwestern Dispensary, Harlem Hospital, N. Y. Mothers' Home; Con. Aurist Metropolitan Throat Hospital; Adj. Professor Otology, N. Y. Polyclinic; Assistant Aural Surgeon, Manhattan Eye and Ear Hospital.

The majority of clinicians do not believe in trying to obtain local anaesthesia of the membrana tympani. Their deductions have been drawn in the main from the futility of using cocaine for this purpose in the external auditory meatus. It is but rational to believe that nature protects the

*Read before American Otological Society at New London, Conn., July 7, 1902.

tympanic cavity from the effects of fluids dropped by chance or design into the external canal. This protection is given by the dermal layer of the drum membrane—a skin without glandular action or hair, acting only as a shield for the layers beneath.

Jacques, by utilizing the selective action of methylene blue, mapped out the nerve plexus in the middle layer of the drum membrane. The nerves spread out in radical meshes from the periphery—mostly from above. In the deeper portion of the dermal layer detached bundles run in different directions and end in apparently sensory end tips.

The mucous membrane of the Eustachian tube and of the tympanic cavity get their main nervous supply from the same source—the glossopharyngeal.

From a consideration of these facts we see that the external dermal layer has very little to do with the sensitivity of the drum membrane and that most of the medicines dropped into the ear or applied to the drum membrane have little effect until they nullify the shield-like action of the skin covering.

The fact that refrigeration does not extend deeply enough to desensitize the membrane demonstrates the truth of the former of the above mentioned conclusions. Furthermore it cannot be localized to the track of the intended incision. The refrigerating sprays need a space of a few inches to secure evaporation. This would bring under its action the whole membrane and canal. I tried to get a tip devised for spraying ethyl chloride on the region of the membrane selected for operation but was unsuccessful. The application of the spray to the sensitive canal and the subsequent thawing are very painful. I have thought that if liquid air could be applied, as it is claimed, by a cotton applicator it would be the ideal refrigerant knife for the membrana tympani. Unfortunately, too, refrigerants interfere with healing and may cause sloughing.

Various preparations like Bonain's —menthol, carbolic acid and cocaine —depending for their action principally on the carbolic acid, have been used. More or less success has been reported. I do not believe that the anaesthesia obtained by this class of cauterants is ever complete for reasons given above.

Fluids which disturb the osmotic equilibrium of the drum membrane and produce minute solutions of continuity in the dermal layer, thereby allowing cocaine or its succedanea to reach the nerve filaments are the best we have at present for use in the external canal.

The conditions favoring this application of cocaine are: (1.) The removal of foreign substances and loose scales from the drum membrane and canal. (2.) Dehydration of the outer layers of the membrane—a dessication which causes molecular contraction and interstices through which the anaesthetic can reach the deeper parts and nerve terminations. (3.) The induction of endosmosis. The first condition is met by the use of hydrozone, which is stronger and better than any other kind of H_2O_2 preparation in softening and boiling out the debris of the canal and in lessening the resistance of the dermal layer. The hydrozone is subsequently mopped out by cotton applications or syringed from the canal. The second and third conditions are met by the use of alcohol and aniline oil. The latter is absorbed more slowly and its effects last longer than the former. The solutions used are 5 to 20 per cent. of cocaine in equal parts of absolute alcohol and aniline oil. Anaesthesia is gained in 10 to 15 minutes. The disadvantage of the solution is that the aniline oil is toxic and obscures the field. The external canal

is generally filled to ensure osmotic instability and certainty of penetration. The toxicity can in a great measure be prevented by not filling the canal but by applying to the drum membrane a small wad saturated with the solution and by making only one application. The obscuration of the field by the dark oil will then be less and the solution can be more easily mopped away.

For the last six years I have experimented desultorily with tubal injections of cocaine to desensitize the drum membrane. I have tried fractional experiments, applying the anaesthetic to the pharyngeal orifice to the cartilaginous portion and to the deeper surface of the tube and to the drum cavity by means of a Weber-Liol catheter or a virgin silver modification. I have come to the conclusion that the Eustachian tube is the only channel through which local anaesthesia can be obtained.

In the embryo ⅞ of an inch long, the drum membrane is represented by connective tissue, bounded below by the external canal which forms its skin covering and bounded above by the Eustachian tube which forms its mucous covering.

From this embryological formation and from the identity of nerve supply we find the reason for the fact that anaesthesia of the deeper portions of the tube will produce anaesthesia of the drum cavity and membrane. It may seem like begging the question to state this but my trials have forced this home to my mind. I do not believe that the 5 or 6 minims I blow into the tube are sprayed by the Politzer bag into the tympanic cavity. I think that absorption of the cocaine by the tubal mucous membrane affects the drum and membrane intermediately and by reason of continuity of structure. The fact that cocaine anaesthesia has a field of action of about an inch from the spot to which it is applied would likewise bring the tympanic membrane within the area of tubal anaesthetization.

Unfortunately the lymphatic system of the ear is not well known. If I may be allowed to digress I think that the production of acute otitis media might be explained more by the theory of absorption from a tubal focus or of continuity of structure than by the mechanical one (sometimes urged) of septic matter blown through the tube into the tympanic cavity.

After having forced the cocaine solution into the tube, I have found that in a short time—a time varying in length according to the amount of vascularity present—probing the different areas of the dermal surface of the membrane would occasion little or no distress.

My observations with this method of comparative sensibility do not coincide with those of Dr. Blake, who finds that the areas of the membrane from below upwards and from the umbo backwards increase in movement vascularity and pain. I have sometimes found a trifle of sensibility at the lower margin of the membrane and at the reglon of the stapes entire absence of any but tactile sensation.

These facts and observations on atrophic drums have shown me that the dermal layer need not be considered in local anaesthesia of the membrane and does not play so great a part in sensation as the mucous layer, since palpation of the skin surface does not elicit pain, although it reaches only the mucous membrane. (2.) That the pain in palpation does not result from the local impact but from the excitation of the whole sensory apparatus of the tympanic cavity induced no doubt by the sudden abnormal inward movement of the drug contents. (3.) That the pain of incision depends on the pressure made on the drum membrane by the knife as much as on the cutting. (4.) That

the incision should consequently be made with the minimum of inward pressure and with as sharp and as thin a knife as practicable. This explains why incision in the membrane is made so much easier by the use of the Graefe knife than by the poor knives made especially for the work—knives whose smallness of blade precludes sharpness of edge. (5.) That in order to produce the best results in this method of anaesthesia isotonic or isoosmotic solutions of cocaine should be used in order to avoid oedematization of the tube and subsequent transient otitis media.—New England Medical Monthly.

EXCESSIVE PROTEID DIET.

It doesn't require much of an argument to show that good material must go into the twenty-story building if it is to be solid and secure.

Yet a great many people seem to think that it matters little what kind of material goes into the building of the human structure!

They offer the body thistles and ask it to give back figs.

They feed on thorns and expect to pick roses.

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the bowels open," the Antikamnia Chemical company offers laxative antikamnia and quinine tablets, the laxative dose of which is one or two tablets every two or three hours, as indicated. When a cathartic is desired, administer the laxative antikamnia and quinine tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

M. J. Breitenbach Co., of New York issues each year a Physician's Daily Memorandum Book which is very useful. The 1903 edition has just been issued and is a nice cloth bound book of nearly 400 pages. It contains a blank page for each day of the year and a blank cash account. If you have not received a copy drop a line to the firm and a copy will be sent you free.

I have used aletris cordial for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The aletris farinosa has for a number of years been a great favorite with me in derangement of the female reproductive organs, therefore I recommend it as a tonic in uterine troubles as it will give satisfaction to those troubled with such diseases.—C. A. Goshen, M. D., Petaluma, Cal.

During an attack of malaria, Gray's glycerine tonic compound is a valuable adjunct to treatment because it facilitates the rapid and complete absorption of quinine so that smaller dosage is required. Furthermore, by its well known property of increasing the number of white blood corpuscles —the antagonist of the malarial parasites—Gray's glycerine tonic compoun moderates the severity and duration of malarial paroxysms.

BRIEF MENTION.

The Hawaiian Islands have 31 practicing physicians.

Nearly one-half of the world's population subsists on rice.

The casualties from foot-ball for the season just closed are 12 deaths and 86 serious injuries.

If you treat fractures you need the ambulatory pneumatic splint; the greatest surgeons use it.

Some excellent results have recently been secured in the treatment of superfluous hair with the X-ray.

The cost of maintaining blind people and their loss of labor costs this country $23,000,000 per annum.

If you have a static machine you need a "Chicago" water motor to run it. If you write the manufacturers at 214 Lake St. they will send you evidence of the value and reliability of the motor.

Edward M. Plummer, M. D., a leading aurist of Boston, says: I have used phenadul both in hospital and private practice in cases of chronic suppurative inflammation of the middle ear and have obtained good results therefrom.

The new twenty-third edition of the illustrated catalogue issued by the McIntosh Battery and Optical Co., Chicago, is a book of 128 pages. Besides the price list it contains much useful information on the use of electricity. This catalogue is well worth sending for.

Chicago Pharmacal Co.:—I have used your Dermol, Zematol and Hematone with very gratifying results. They have effected magical cures wherever I have used them. I want to try your other specialties, and if they are as good as these I will be a regular customer of yours.—G. D. Reed, M. D., Baldwin, Kans.

Dr. Becker's compound digest is prepared according to the formula of Dr. Becker from principles obtained by his processes from the digestive organs of clean animals and fowls. It is free from chemicals and does not interfere with the action of other medicines. Samples and literature sent free to physicians on application.

Many physicians would like to make scientific blood tests but have neither apparatus nor time to do so. The Tallquist hemoglobin scale, mentioned in our advertising pages, provides a method of making blood tests which can be done as quickly and easily as taking the pulse. Every physician needs and should have this useful article.

H. M Merrell Co., Cincinnati, Ohio, offers in this number some exceptionally low prices in their specialties. Their syrup hypophosphites is an unexcelled hematinic tonic: their essence pepsin is as palatable as lemonade, and one drachm of it will digest 3,000 grains albumen. We like their syrup pinus compound because it contains no morphine (which in small doses tends to increase dryness of the fauces), but carries an anodyne dose of ammonium bromide.